



MARKETPLACE PLAN

Indiana
Drug Formulary
2022

INTRODUCTION

We are pleased to provide the 2022 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online **Find a Pharmacy** tool under **Quick Links** at [CareSource.com/marketplace](https://www.caresource.com/marketplace).

CareSource may also cover drugs administered in the member's home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered. Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.

In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state- specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Choosing a brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Drug Formulary. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Time.

Mail Order Medications

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy.
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at **1-877-806-9284**. Hours are Monday through Friday from 7 a.m. to 7 p.m. Eastern Time.

Members may also access the express-scripts.com website through the My CareSource member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the My CareSource member portal, go to mycaresource.com.

Other Medical Supplies and Durable Medical Equipment (DME)

To support members, other medical supplies can continue to be filled by the CareSource Pharmacy Benefit Manager (PBM) through a retail pharmacy for a limited period of time until a DME provider can be contacted. This may include wound care supplies and enteral feeds.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit **CareSource.com**, and visit the Pharmacy page of the appropriate line of business, and select **Formulary Search Tool**. You can also find CareSource policies on the **CareSource.com** Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin

Glucophage

The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel

Glucophage XR

A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone Cortisporin

Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on [CareSource.com/marketplace](https://www.caresource.com/marketplace), or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS.....	16
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH.....	27
CARDIOVASCULAR, HYPERTENSION & LIPIDS	48
DERMATOLOGICALS/TOPICAL THERAPY.....	62
DIAGNOSTICS & MISCELLANEOUS AGENTS.....	72
EAR, NOSE & THROAT MEDICATIONS.....	75
ENDOCRINE/DIABETES.....	76
GASTROENTEROLOGY.....	87
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	95
MUSCULOSKELETAL & RHEUMATOLOGY.....	105
OBSTETRICS & GYNECOLOGY	107
OPHTHALMOLOGY.....	118
RESPIRATORY, ALLERGY, COUGH & COLD	124
UROLOGICALS.....	131
VITAMINS, HEMATINICS & ELECTROLYTES.....	133
Index.....	139

List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIVIRALS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>abacavir oral solution 20 mg/ml</i>	1	QL
<i>abacavir oral tablet 300 mg</i>	1	QL
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	QL
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	QL
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	QL
<i>atazanavir oral capsule 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	PA
BIKTARVY ORAL TABLET 30-120-15 MG	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
COMPLERA ORAL TABLET 200-25-300 MG	2	QL
DELSTRIGO ORAL TABLET 100-300-300 MG	2	QL
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	2	QL
DOVATO ORAL TABLET 50-300 MG	2	QL
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	QL
<i>efavirenz oral tablet 600 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	QL
EMTRIVA ORAL CAPSULE 200 MG	2	QL
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	PA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	PA
EVOTAZ ORAL TABLET 300-150 MG	2	QL
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
<i>fosamprenavir oral tablet 700 mg</i>	1	QL
<i>foscarnet intravenous solution 24 mg/ml</i>	1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	2	QL
INVIRASE ORAL TABLET 500 MG	2	QL
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	QL
ISENTRESS ORAL TABLET 400 MG	2	QL
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL
JULUCA ORAL TABLET 50-25 MG	2	QL
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	QL
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	2	PA; QL
<i>lamivudine oral solution 10 mg/ml</i>	1	QL
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	QL
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	5	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LEXIVA ORAL SUSPENSION 50 MG/ML	2	QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	QL
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	QL
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL
<i>nevirapine oral tablet 200 mg</i>	1	QL
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	QL
NORVIR ORAL POWDER IN PACKET 100 MG	2	QL
NORVIR ORAL SOLUTION 80 MG/ML	2	QL
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	PA
PIFELTRO ORAL TABLET 100 MG	2	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	QL
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	2	QL
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	5	PA; QL
STRIBILD ORAL TABLET 150-150-200-300 MG	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	QL
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA; QL
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL
TIVICAY ORAL TABLET 50 MG	3	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	2	PA; QL
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	PA; QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	QL
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
VIEKIRA PAK ORAL TABLETS, DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL
ZEPATIER ORAL TABLET 50-100 MG	5	PA; QL
CEPHALOSPORINS		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sodium chloride intravenous piggyback 3 gram/100 ml</i>	1	ST
<i>cefazolin in 0.9% sodium chloride intravenous solution 2 gram/100 ml</i>	1	ST
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	1	ST
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	ST
<i>cefazolin intravenous recon soln 1 gram</i>	1	ST
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	ST
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefotaxime injection recon soln 1 gram</i>	1	ST
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefotetan intravenous recon soln 10 gram</i>	1	ST
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	ST
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	ST
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	ST
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	ST
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	ST
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	ST
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg</i>	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	ST
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	ST
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	ST
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	ST
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	3	PA; QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous recon soln 500 mg</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	PA; QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	ST
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	5	PA
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	ST
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; QL
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	QL
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	ST
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	ST
COARTEM ORAL TABLET 20-120 MG	2	QL
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	ST
CYCLOSERINE ORAL CAPSULE 250 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>daptomycin intravenous recon soln 500 mg</i>	1	ST
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ertapenem injection recon soln 1 gram</i>	1	ST
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	ST
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	ST
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	ST
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	ST
HUMATIN ORAL CAPSULE 250 MG	5	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	ST
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL
<i>lincomycin injection solution 300 mg/ml</i>	1	ST
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	ST
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	ST
<i>mefloquine oral tablet 250 mg</i>	1	QL
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	ST
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	ST
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	PA
<i>pentamidine inhalation recon soln 300 mg</i>	1	PA; QL
<i>pentamidine injection recon soln 300 mg</i>	1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	ST
<i>praziquantel oral tablet 600 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	2	ST; QL
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i>	1	ST
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; QL
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	ST
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; QL
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	ST
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	ST
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	PA; QL
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	ST
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	ST
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	ST
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	ST
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	ST
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	ST
<i>nafcillin intravenous recon soln 2 gram</i>	1	ST
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	ST
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	ST
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	ST
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	ST
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	ST
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	ST
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	ST
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	ST
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	ST
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	ST
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	QL
SULFA'S & RELATED AGENTS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	ST
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	PA
<i>doxy-100 intravenous recon soln 100 mg</i>	1	ST
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>monodoxylene oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	PA
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	2	PA; QL
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.75 GRAM/250 ML, 2 GRAM/500 ML, 750 MG/150 ML	2	ST
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	2	ST
<i>vancomycin intravenous recon soln 1,000 mg, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	ST
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	PA; QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	PA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	5	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	PA
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	PA
<i>mesna intravenous solution 100 mg/ml</i>	1	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA
<i>anastrozole oral tablet 1 mg</i>	0	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	5	
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	1	PA
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>azacitidine injection recon soln 100 mg</i>	5	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection recon soln 100 mg</i>	1	
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA
BESPO NSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bexarotene topical gel 1 %</i>	4	PA; QL
<i>bicalutamide oral tablet 50 mg</i>	1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; QL
<i>carboplatin intravenous solution 10 mg/ml</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	PA
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	
<i>clofarabine intravenous solution 1 mg/ml</i>	1	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
DACOGEN INTRAVENOUS RECON SOLN 50 MG	5	PA
<i>dactinomycin intravenous recon soln 0.5 mg</i>	1	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	
<i>decitabine intravenous recon soln 50 mg</i>	5	PA
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	2	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	5	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	5	PA

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	5	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	5	PA
EMCYT ORAL CAPSULE 140 MG	3	PA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA
<i>epirubicin intravenous recon soln 200 mg</i>	1	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL
ERLEADA ORAL TABLET 60 MG	5	PA; QL
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; QL
ERWINASE INJECTION RECON SOLN 10,000 UNIT	5	PA
<i>etoposide intravenous solution 20 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>etoposide oral capsule 50 mg</i>	1	
EULEXIN ORAL CAPSULE 125 MG	3	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG	5	
<i>exemestane oral tablet 25 mg</i>	0	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	4	PA
<i>floxuridine injection recon soln 0.5 gram</i>	1	
<i>fludarabine intravenous recon soln 50 mg</i>	1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	
<i>flutamide oral capsule 125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	PA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	1	PA
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	
<i>gengraforal capsule 100 mg, 25 mg</i>	1	
<i>gengraforal solution 100 mg/ml</i>	1	
GILOTTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	PA

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Drug Name	Drug Tier	Requirements / Limits
HYCAMTIN INTRAVENOUS RECON SOLN 4 MG	5	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	5	PA
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL
<i>idarubicin intravenous solution 1 mg/ml</i>	1	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA

Drug Name	Drug Tier	Requirements / Limits
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; QL
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	5	PA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
JELMYTO INTRA-PYELOCALYCEA L KIT 40 MG X 2	5	PA
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	5	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5	PA

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Drug Name	Drug Tier	Requirements / Limits
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	5	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	ST
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA
LYSODREN ORAL TABLET 500 MG	4	
MATULANE ORAL CAPSULE 50 MG	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; QL
<i>melphalan hcl intravenous recon soln 50 mg</i>	1	
<i>melphalan oral tablet 2 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	5	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	2	PA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>nelarabine intravenous solution 250 mg/50 ml</i>	5	
NEORAL ORAL CAPSULE 100 MG, 25 MG	3	PA
NEORAL ORAL SOLUTION 100 MG/ML	3	PA
NEXAVAR ORAL TABLET 200 MG	4	PA; QL
<i>nilutamide oral tablet 150 mg</i>	1	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	
<i>paraplatin intravenous solution 10 mg/ml</i>	1	
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	1	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	5	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA
<i>sorafenib oral tablet 200 mg</i>	4	PA; QL
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	0	
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	PA
<i>toposar intravenous solution 20 mg/ml</i>	1	
<i>topotecan intravenous recon soln 4 mg</i>	5	PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>toremifene oral tablet 60 mg</i>	1	PA
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
TYKERB ORAL TABLET 250 MG	4	PA; QL
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA
VIDAZA INJECTION RECON SOLN 100 MG	5	

Drug Name	Drug Tier	Requirements / Limits
<i>vinblastine intravenous solution 1 mg/ml</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	
VOTRIENT ORAL TABLET 200 MG	4	PA; QL
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA
XERMELO ORAL TABLET 250 MG	5	PA; QL
XTANDI ORAL CAPSULE 40 MG	5	PA; QL
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA; QL
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA
YESCARTA INTRAVENOUS SUSPENSION	5	PA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	

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Drug Name	Drug Tier	Requirements / Limits
YONSA ORAL TABLET 125 MG	5	PA; QL
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA
ZELBORAF ORAL TABLET 240 MG	4	PA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	5	PA
ZOLINZA ORAL CAPSULE 100 MG	4	PA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BANZEL ORAL SUSPENSION 40 MG/ML	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	QL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	ST
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	ST
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	2	ST
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	PA; QL
<i>pregabalin oral capsule 150 mg, 200 mg</i>	1	QL
<i>pregabalin oral solution 20 mg/ml</i>	1	QL
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	ST
SABRIL ORAL POWDER IN PACKET 500 MG	5	PA
SABRIL ORAL TABLET 500 MG	5	PA
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TEGRETOL ORAL TABLET 200 MG	3	PA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	PA
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1 ML X 2), 20 MG/2 SPRAY (10 MG/0.1 ML X 2), 5 MG/SPRAY (0.1 ML)	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA
<i>vigabatrin oral tablet 500 mg</i>	5	PA
<i>vigadrone oral powder in packet 500 mg</i>	5	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	5	PA
<i>entacapone oral tablet 200 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 2 mg, 4 mg, 8 mg</i>	1	ST
<i>selegiline hcl oral capsule 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
<i>migergot rectal suppository 2-100 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL

MISCELLANEOUS NEUROLOGICAL THERAPY

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	5	PA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
KEVEYIS ORAL TABLET 50 MG	5	PA
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; QL
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46- 0.92 MG	4	PA; QL
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; QL
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML	5	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution 10 mg/ml</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>carisoprodol- aspirin-codeine oral tablet 200-325-16 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cisatracurium intravenous solution 2 mg/ml</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
CYCLOTENS REFILL COMBO PACK 10 MG	3	
CYCLOTENS STARTER COMBO PACK 10 MG	2	
<i>dantrolene intravenous recon soln 20 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 800 mg</i>	1	
<i>methocarbamol injection solution 100 mg/ml</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	1	
<i>revonto intravenous recon soln 20 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; QL
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	PA; QL
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	ST
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	QL
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	QL
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syringe 1,000 mcg/20 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,250 mcg/25 ml</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 2,500 mcg/50 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml)</i>	1	
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; QL
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	QL
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	1	PA
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	
<i>meperidine oral solution 50 mg/5 ml</i>	1	ST
<i>meperidine oral tablet 50 mg</i>	1	ST
<i>methadone injection solution 10 mg/ml</i>	1	
<i>methadone oral concentrate 10 mg/ml</i>	1	PA
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; QL
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; QL
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; QL
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	
<i>morphine injection solution 8 mg/ml</i>	1	
<i>morphine injection syringe 4 mg/ml, 8 mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>morphine intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
<i>oxycodone oral capsule 5 mg</i>	1	PA; QL
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA; QL
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	PA; QL
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	PA
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	ST
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; QL
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	1	ST
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER1 2HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	PA; QL
zebutal oral capsule 50-325-40 mg	1	QL
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	0	OTC
aspirin oral tablet 325 mg	0	OTC
aspirin oral tablet,chewable 81 mg	0	OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	0	OTC
aspirin oral tablet,delayed release (dr/ec) 500 mg, 650 mg	1	OTC
aspirin rectal suppository 300 mg	1	OTC
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	0	OTC
bayer aspirin oral tablet 325 mg	0	OTC

Drug Name	Drug Tier	Requirements / Limits
bayer aspirin oral tablet,delayed release (dr/ec) 325 mg	0	OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	0	OTC
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL
butorphanol injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol nasal spray,non-aerosol 10 mg/ml	1	QL
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	ST
children's aspirin oral tablet,chewable 81 mg	0	OTC
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	3	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
DICLOZOR TOPICAL KIT 1 %	3	ST
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	0	OTC
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i>	0	OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
IBUPAK ORAL KIT 600 MG	3	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac injection cartridge 15 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL
<i>lofena oral tablet 25 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	5	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	QL
<i>naloxone injection syringe 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	QL
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	PA; QL
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pain relief(with salicylamide) oral tablet 162 mg-110 mg -152 mg-32.4 mg</i>	1	OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	5	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	0	OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	PA; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
<i>tramadol oral tablet 50 mg</i>	1	PA; QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; QL
VENNGEL ONE TOPICAL KIT 1 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 675 MG/2.4 ML	2	QL
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	QL
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	QL
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA; QL
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	2	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	QL
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine- amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL
<i>dextroamphetamine- amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	
<i>ergoloid oral tablet 1 mg</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	QL
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	PA; QL
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	ST; QL
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	ST; QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	QL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	QL
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>methamphetamine oral tablet 5 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg</i>	1	QL
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	QL
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	2	ST; QL
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	QL
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	
MIDAZOLAM INTRAVENOUS SYRINGE 150 MG/30 ML (5 MG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	5	PA; QL
NUPLAZID ORAL TABLET 10 MG	5	PA; QL
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 6-25 mg, 6-50 mg</i>	1	ST

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
QUAZEPAM ORAL TABLET 15 MG	3	QL
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	ST
<i>ramelteon oral tablet 8 mg</i>	1	PA; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	2	ST; QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	3	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	PA; QL
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; QL
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	ST; QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
ZENZEDI ORAL TABLET 2.5 MG	2	QL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL

**CARDIOVASCULAR,
HYPERTENSION & LIPIDS**

ANTIARRHYTHMIC AGENTS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>bretylum tosylate injection solution 50 mg/ml</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	2	
<i>pacerone oral tablet 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sotalol a/oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	2	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	QL
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL
<i>enalapril maleate oral solution 1 mg/ml</i>	1	ST
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EPANED ORAL SOLUTION 1 MG/ML	2	ST
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	5	PA
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	5	PA
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	5	PA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	5	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>osmitrol 20 % intravenous parenteral solution 20 %</i>	1	
<i>papaverine injection solution 30 mg/ml</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<i>phentolamine injection recon soln 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
REMODYLIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hydrochlorothiazid oral tablet 25-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	4	PA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i>	1	QL
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	5	PA
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 80 mg</i>	1	
<i>verapamil oral tablet 40 mg</i>	1	QL
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		

Drug Name	Drug Tier	Requirements / Limits
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	5	PA
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	5	PA
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	5	PA
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	5	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	5	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25- 200 mg</i>	1	ST
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	5	
<i>bivalirudin intravenous recon soln 250 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	ST
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	5	PA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	5	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>clopidogrel oral tablet 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	5	
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	5	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	5	PA
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	PA
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	5	PA
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG-1,300 MG)	5	PA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI- XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI- XA UNIT/0.3 ML	5	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	4	PA
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801- 1,500 UNIT	5	PA
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220- 400 UNIT	5	PA
HEMOFIL M MID INTRAVENOUS RECON SOLN 401- 800 UNIT	5	PA
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500- 1,200 UNIT	5	PA
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	5	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	5	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	PA
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	PA
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	PA
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	5	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	5	PA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	5	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	5	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; QL
<i>protamine intravenous solution 10 mg/ml</i>	1	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	5	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG- 1,300MG)	5	PA
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	5	PA
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	5	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	5	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	5	PA
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine- atorvastatin oral tablet 10-10 mg, 10- 20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5- 40 mg, 5-10 mg, 5- 20 mg, 5-40 mg, 5- 80 mg</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	PA
<i>colesevelam oral tablet 625 mg</i>	1	PA
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe- simvastatin oral tablet 10-10 mg, 10- 20 mg, 10-40 mg, 10-80 mg</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	3	ST
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	0	QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	0	QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; QL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	0	QL
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	QL
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; QL
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
NITRATES		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	2	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
<i>selenium sulfide topical lotion 2.5 %</i>	1	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
KERATOLYTICS		
<i>salicylic acid topical cream 6 %</i>	1	QL
<i>salicylic acid topical cream,extended release 6 %</i>	1	QL
<i>salicylic acid topical lotion 6 %</i>	1	QL
<i>salicylic acid topical lotion,extended release 6 %</i>	1	QL
<i>salicylic acid topical shampoo 6 %</i>	1	QL
<i>salicylic acid- ceramides no.1 topical kit,cleanser and cream er 6 %</i>	1	
<i>salimez topical cream 6 %</i>	1	QL
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin topical cream 5 %</i>	1	PA; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; QL
EUCRISA TOPICAL OINTMENT 2 %	3	PA; QL
<i>fluorouracil topical cream 5 %</i>	1	QL
<i>fluorouracil topical solution 2 %, 5 %</i>	1	QL
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL
<i>podofilox topical solution 0.5 %</i>	1	QL
<i>prudoxin topical cream 5 %</i>	1	ST; QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	QL
THERAPY FOR ACNE		
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical gel 0.1 %</i>	1	OTC
ADAPALENE TOPICAL LOTION 0.1 %	2	ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>avar topical cleanser 10-5 % (w/w)</i>	1	QL
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	2	ST
AVAR-E LS TOPICAL CREAM 10-2 %	2	ST; QL
<i>avita topical cream 0.025 %</i>	1	PA; QL
AVITA TOPICAL GEL 0.025 %	2	PA; QL
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	QL
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL
<i>clindamycin phosphate topical solution 1 %</i>	1	QL
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	
EPSOLAY TOPICAL CREAM 5 %	3	ST
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	QL
<i>metronidazole topical gel 0.75 %</i>	1	QL
<i>metronidazole topical lotion 0.75 %</i>	1	QL
<i>refissa topical cream 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>rosadan topical cream 0.75 %</i>	1	QL
<i>rosadan topical gel 0.75 %</i>	1	QL
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	QL
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	1	QL
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	1	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	ST
<i>tretinoin (emollient) topical cream 0.05 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; QL
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; QL
TOPICAL ANESTHETICS		
AGONEAZE TOPICAL KIT 2.5-2.5 %	3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 %	3	
APRIZIO PAK TOPICAL KIT 2.5-2.5 %	3	
<i>dermacinrx prizopak topical kit 2.5-2.5 %</i>	1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine (pf) injection syringe 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	QL
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	QL
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
<i>lidopin topical cream 3 %</i>	1	QL
<i>lidopril topical kit 2.5-2.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LIDOPRIL XR TOPICAL KIT 2.5-2.5 %	3	
LIDO-PRILOCAINE PACK TOPICAL KIT 2.5-2.5 %	3	
LIVIXIL PAK TOPICAL KIT 2.5-2.5 %	3	
PRILOLID TOPICAL KIT 2.5-2.5 %	3	
PRILOVIX LITE PLUS TOPICAL KIT 2.5-2.5 %	3	
PRILOVIX ULTRALITE PLUS TOPICAL KIT 2.5-2.5 %	3	
SKYADERM-LP TOPICAL KIT 2.5-2.5 %	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	3	PA; QL
<i>gentamicin topical cream 0.1 %</i>	1	QL
<i>gentamicin topical ointment 0.1 %</i>	1	QL
<i>mafenide acetate topical packet 50 gram</i>	1	PA
<i>mupirocin topical ointment 2 %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	QL
XEPI TOPICAL CREAM 1 %	2	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	
CICLODAN KIT TOPICAL SOLUTION 8 %	2	ST
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	QL
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	QL
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	QL
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>econazole topical cream 1 %</i>	1	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
LULICONAZOLE TOPICAL CREAM 1 %	2	PA; QL
MENTAX TOPICAL CREAM 1 %	2	ST; QL
<i>naftifine topical cream 1 %, 2 %</i>	1	PA; QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nystop topical powder 100,000 unit/gram</i>	1	QL
<i>oxiconazole topical cream 1 %</i>	1	PA; QL
SULCONAZOLE TOPICAL CREAM 1 %	2	PA; QL
SULCONAZOLE TOPICAL SOLUTION 1 %	2	PA; QL
<i>tavaborole topical solution with applicator 5 %</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
DENAVIR TOPICAL CREAM 1 %	2	ST; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	QL
<i>alclometasone topical cream 0.05 %</i>	1	QL
<i>alclometasone topical ointment 0.05 %</i>	1	QL
<i>amcinonide topical cream 0.1 %</i>	1	PA
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	3	ST
<i>besser topical lotion 0.05 %</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	QL
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	QL
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	ST; QL
<i>betamethasone valerate topical cream 0.1 %</i>	1	QL
<i>betamethasone valerate topical lotion 0.1 %</i>	1	QL
<i>betamethasone valerate topical ointment 0.1 %</i>	1	QL
<i>betamethasone, augmented topical cream 0.05 %</i>	1	QL
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	QL
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	QL
<i>clobetasol scalp solution 0.05 %</i>	1	ST; QL
<i>clobetasol topical cream 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	3	ST
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	3	ST; QL
CORDRAN TOPICAL LOTION 0.05 %	3	ST; QL
<i>desonide topical cream 0.05 %</i>	1	QL
<i>desonide topical ointment 0.05 %</i>	1	QL
<i>desoximetasone topical cream 0.05 %</i>	1	ST
<i>desoximetasone topical cream 0.25 %</i>	1	ST; QL
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	PA
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	QL
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	QL
<i>fluocinolone topical oil 0.01 %</i>	1	QL
<i>fluocinolone topical ointment 0.025 %</i>	1	QL
<i>fluocinolone topical solution 0.01 %</i>	1	QL
<i>fluocinonide topical cream 0.05 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	PA; QL
<i>fluocinonide topical ointment 0.05 %</i>	1	ST; QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL
<i>flurandrenolide topical cream 0.05 %</i>	1	PA; QL
<i>flurandrenolide topical lotion 0.05 %</i>	1	PA; QL
<i>flurandrenolide topical ointment 0.05 %</i>	1	ST; QL
<i>fluticasone propionate topical cream 0.05 %</i>	1	QL
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate topical ointment 0.005 %</i>	1	QL
<i>halcinonide topical cream 0.1 %</i>	1	PA
<i>halobetasol propionate topical cream 0.05 %</i>	1	ST
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	2	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	QL
<i>hydrocortisone topical lotion 2.5 %</i>	1	QL
<i>hydrocortisone topical ointment 1 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	QL
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone topical cream 0.1 %</i>	1	QL
<i>mometasone topical ointment 0.1 %</i>	1	QL
<i>mometasone topical solution 0.1 %</i>	1	QL
<i>nolix topical cream 0.05 %</i>	1	ST; QL
<i>nolix topical lotion 0.05 %</i>	1	ST; QL
<i>prednicarbate topical cream 0.1 %</i>	1	QL
<i>prednicarbate topical ointment 0.1 %</i>	1	
SILA III TOPICAL KIT 0.1 %- 4" X 4"	3	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	QL
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	QL
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	QL
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.5 %</i>	1	ST; QL
<i>tritocin topical ointment 0.05 %</i>	1	ST

TOPICAL ENZYMES

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX TOPICAL CREAM 10 %	3	PA
<i>lindane topical shampoo 1 %</i>	1	QL
<i>malathion topical lotion 0.5 %</i>	1	QL
<i>permethrin topical cream 5 %</i>	1	QL
<i>spinosad topical suspension 0.9 %</i>	1	PA; QL
ULESFIA TOPICAL LOTION 5 %	3	QL
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>benzphetamine oral tablet 50 mg</i>	1	
<i>diethylpropion oral tablet 25 mg</i>	1	
<i>diethylpropion oral tablet extended release 75 mg</i>	1	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; QL
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine oral tablet 37.5 mg</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	PA
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA
<i>cevimeline oral capsule 30 mg</i>	1	ST
CHEMET ORAL CAPSULE 100 MG	3	PA
<i>curity sterile water irrigation solution</i>	1	OTC
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA
<i>finasteride oral tablet 1 mg</i>	1	
<i>fludeoxyglucose f-18 intravenous solution 20 mci to 500 mci/ml</i>	1	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	4	PA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	

Drug Name	Drug Tier	Requirements / Limits
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	
ORFADIN ORAL SUSPENSION 4 MG/ML	5	
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; QL
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; QL
RECLAST INTRAVENOUS PIGGYBACK 5 MG/100 ML	5	PA
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
<i>sodium benzoate-sodium phenylacetate intravenous solution 10-10 %</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	5	PA
<i>trientine oral capsule 250 mg</i>	1	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	5	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	PA
SMOKING DETERRENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	0	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	0	
CHANTIX ORAL TABLET 1 MG	0	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	0	OTC; QL
NICORETTE BUCCAL GUM 2 MG	0	OTC; QL
<i>nicorette buccal gum 4 mg</i>	0	OTC; QL
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	0	OTC; QL
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	0	OTC; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	0	OTC; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	0	OTC; QL
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	0	OTC; QL
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	OTC; QL
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	0	OTC; QL
NICOTROL INHALATION CARTRIDGE 10 MG	0	QL
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	QL
<i>quit 2 buccal gum 2 mg</i>	0	OTC; QL
<i>quit 2 buccal lozenge 2 mg</i>	0	OTC; QL
<i>quit 4 buccal gum 4 mg</i>	0	OTC; QL
<i>quit 4 buccal lozenge 4 mg</i>	0	OTC; QL
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	0	OTC; QL
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	0	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN DENTAL CARTRIDGE 1 MG	5	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	1	QL
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	3	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	QL
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	ST
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; QL
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	1	
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	5	PA; QL
<i>cosyntropin injection recon soln 0.25 mg</i>	1	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; QL
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	5	PA; QL
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
<i>triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml</i>	1	
<i>triamcinolone acetoneide injection suspension 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUGH VERIO TEST STRIPS STRIP	2	OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
BD VERITOR AT-HOME COVID19 TST KIT	0	OTC; QL
BINAXNOW COVD AG CARD HOME TST KIT	0	OTC; QL
BINAXNOW COVID-19 AG SELF TEST KIT	0	OTC; QL
CARESTART COVID-19 AG HOME TST KIT	0	OTC; QL
CELLTRION DIATRUST COV-19 HOME KIT	0	OTC; QL
CLINITEST COVID-19 HOME TEST KIT	0	OTC; QL
COVID-19 AT-HOME TEST KIT	0	OTC; QL
ELLUME COVID-19 HOME TEST KIT	0	OTC; QL
FLOWFLEX COVID-19 AG HOME TEST KIT	0	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	2	
ID NOW COVID-19 TEST KIT KIT	2	
IHEALTH COVID-19 AG HOME TEST KIT	0	OTC; QL
INDICAID COVID-19 AG HOME TEST KIT	0	OTC; QL
INTELISWAB COVID-19 HOME TEST KIT	0	OTC; QL
ON-GO COVID-19 AG AT HOME TEST KIT	0	OTC; QL
PILOT COVID-19 AT-HOME TEST KIT	0	OTC; QL
QUICKVUE AT-HOME COVID-19 TEST KIT	0	OTC; QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	ST; QL
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK COMBO SYSTEM KIT	2	
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	2	
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
EASY TALK PLUS II LOW CONTROL SOLUTION	3	OTC; QL
FREESTYLE LIBRE 14 DAY READER	2	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 2 READER	2	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL
FREESTYLE LIBRE 3 SENSOR KIT	3	PA; QL
MINIMED 770G INSULIN PUMP	2	
MINIMED MIO ADVANCE INF SET23" INFUSION SET	2	
MINIMED QUICK SET 43" INFUSION SET	2	
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
ONETOUCH SOLUTIONS STARTER KIT	3	OTC; QL
ONETOUCH VERIO METER	2	OTC; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TRUSTEEL INFUSION SET 23" INFUSION SET	2	
VARISOFT INFUSION SET 23" INFUSION SET	2	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	PA

Drug Name	Drug Tier	Requirements / Limits
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	PA
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	QL
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	QL
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	QL
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	QL
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA; QL
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	PA; QL
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; QL
MISCELLANEOUS HORMONES		
ALDURAZyme INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	PA
BRINEURA INTRAVENTRICU LAR KIT 300 MG/10 ML (150MG/5ML X2)	5	PA
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) nasal spray, non- aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	5	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>clomid oral tablet 50 mg</i>	1	
<i>clomiphene citrate oral tablet 50 mg</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	4	PA; QL
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	1	ST
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA
<i>fyremadel subcutaneous syringe 250 mcg/0.5 ml</i>	4	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; QL
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	5	ST
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	5	ST
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	5	ST
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	5	PA; QL
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; QL
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	5	PA

Drug Name	Drug Tier	Requirements / Limits
KUVAN ORAL TABLET,SOLUBLE 100 MG	4	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>miglustat oral capsule 100 mg</i>	5	PA; QL
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; QL
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	3	PA; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; QL
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>prasterone (dhea) oral capsule 25 mg</i>	1	PA; OTC
SAMSCA ORAL TABLET 15 MG	4	PA; QL
SAMSCA ORAL TABLET 30 MG	5	PA; QL
<i>sapropterin oral powder in packet 100 mg</i>	5	PA
<i>sapropterin oral powder in packet 500 mg</i>	4	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA
TESTOPEL IMPLANT PELLETS 75 MG	5	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL
<i>tolvaptan oral tablet 15 mg</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	PA
<i>zoledronic acid intravenous recon soln 4 mg</i>	5	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	5	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	2	ST; QL
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	2	ST; QL
CYCLOSET ORAL TABLET 0.8 MG	3	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	QL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	QL
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral solution 500 mg/5 ml</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	ST
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	1	ST; QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	ST; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	ST; QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
THYROID HORMONES		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	PA
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anti-diarrheal (loperamide) oral capsule 2 mg</i>	1	OTC; QL
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
<i>chlordiazepoxide- clidinium oral capsule 5-2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	2	PA
<i>dicyclomine intramuscular solution 10 mg/ml</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
<i>loperamide oral capsule 2 mg</i>	1	QL
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	5	PA
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	3	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
ROBINUL FORTE ORAL TABLET 2 MG	3	
ROBINUL ORAL TABLET 1 MG	3	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alophen (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	OTC
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	PA
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	PA; QL
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	3	
AURYXIA ORAL TABLET 210 MG IRON	2	
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	5	
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	1	
<i>calcium acetate (phosphate bind) oral capsule 667 mg</i>	1	QL
<i>calcium acetate (phosphate bind) oral tablet 667 mg</i>	1	QL
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL
CIMZIA POWDER FOR RECONSTITUTION SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL
<i>citrate of magnesium oral solution</i>	0	OTC
<i>citroma oral solution</i>	0	OTC
<i>clearlax oral powder 17 gram/dose</i>	0	OTC
<i>clearlax oral powder in packet 17 gram</i>	1	OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	0	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	2	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000- 114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	PA
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	5	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	2	PA
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1	PA; QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	0	OTC

Drug Name	Drug Tier	Requirements / Limits
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	5	PA
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	
<i>gavilax oral powder 17 gram/dose</i>	1	OTC
<i>gavilax oral powder in packet 8.5 gram</i>	1	OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	0	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	0	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	OTC
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>healthylax oral powder in packet 17 gram</i>	1	OTC
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	5	PA
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	PA; QL
<i>laxaclear oral powder 17 gram/dose</i>	1	OTC
<i>laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	0	OTC

Drug Name	Drug Tier	Requirements / Limits
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	3	QL
<i>magnesium citrate oral solution</i>	0	OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	0	OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	0	OTC
<i>miralax oral powder in packet 17 gram</i>	1	OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>natura-lax oral powder 17 gram/dose</i>	0	OTC
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; QL
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	0	OTC
OSMOPREP ORAL TABLET 1.5 GRAM	0	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	0	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	0	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	0	
<i>peg-prep oral kit 5-210 mg-gram</i>	0	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	0	OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	OTC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	OTC
<i>powderlax oral powder 17 gram/dose</i>	0	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>powderlax oral powder in packet 17 gram</i>	1	OTC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>purelax oral powder 17 gram/dose</i>	1	OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	ST
REMICADE INTRAVENOUS RECON SOLN 100 MG	4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	PA; QL
<i>sevelamer hcl oral tablet 400 mg</i>	1	PA; QL
<i>smoothlax oral powder 17 gram/dose</i>	1	OTC
<i>smoothlax oral powder in packet 17 gram</i>	1	OTC
<i>sodium polystyrene sulfonate oral powder</i>	1	
SODIUM,POTASSIUM,MAG SULFATES ORAL RECON SOLN 17.5-3.13-1.6 GRAM	0	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	0	
SYMPROIC ORAL TABLET 0.2 MG	3	PA
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	ST; QL
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	PA; QL
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	0	OTC
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG, 60 MG	3	ST; QL
DEXLANSOPRAZOLE ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG, 60 MG	3	ST; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	QL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	OTC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	OTC
<i>omeprazole oral tablet, disintegrat, delay rel 20 mg</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL
PREVACID 24HR ORAL CAPSULE, DELAYED RELEASE(DR/EC) 15 MG	3	ST; OTC; QL
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	PA; QL
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; QL
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML	5	PA; QL
PROCRIT INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
GROWTH HORMONES		
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA
INTERFERONS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	PA; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA; QL
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; QL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA; QL
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
<i>ribavirin oral capsule 200 mg</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	4	PA; QL

INTERLEUKINS

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Drug Name	Drug Tier	Requirements / Limits
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	ST
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA
<i>imiquimod topical cream in packet 5 %</i>	1	PA; QL
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	4	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULA R RECON SOLN 10 MCG/0.5 ML	0	
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULA R SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULA R SYRINGE 2 LF- (2.5-5-3-5 MCG)- 5LF/0.5 ML	0	

Drug Name	Drug Tier	Requirements / Limits
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULA R SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULA R SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 50 MG	0	
BEXSERO INTRAMUSCULA R SYRINGE 50-50- 50-25 MCG/0.5 ML	0	
BIOTHRAX INTRAMUSCULA R SUSPENSION 0.5 ML/DOSE	0	
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA
BOOSTRIX TDAP INTRAMUSCULA R SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	0	
BOOSTRIX TDAP INTRAMUSCULA R SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	4	PA
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	QL
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	5	PA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	5	PA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0	
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	

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Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	0	
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	5	

Drug Name	Drug Tier	Requirements / Limits
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	5	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA
GAMMAGARD S- D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	

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Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	

Drug Name	Drug Tier	Requirements / Limits
IPOLEN INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	0	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	0	
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	0	QL

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Drug Name	Drug Tier	Requirements / Limits
MODERNA COVID-19 BOOSTER (EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	0	QL
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	QL
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	5	PA
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	0	QL
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	5	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	5	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	0	

Drug Name	Drug Tier	Requirements / Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	0	QL
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML	0	QL
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	QL
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	

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Drug Name	Drug Tier	Requirements / Limits
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	0	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	0	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	0	
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	5	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	0	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	

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Drug Name	Drug Tier	Requirements / Limits
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	QL
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	0	
TDVAX INTRAMUSCULAR SUSPENSION 2- 2 LF UNIT/0.5 ML	0	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5- 25 LF UNIT/0.5 ML	0	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	

Drug Name	Drug Tier	Requirements / Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	
VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML	0	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	0	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	5	PA

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Drug Name	Drug Tier	Requirements / Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION N 10 EXP4.74 UNIT/0.5 ML	0	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	QL
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid- colchicine oral tablet 500-0.5 mg</i>	1	ST
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	5	PA; QL
<i>ibandronate intravenous solution 3 mg/3 ml</i>	5	PA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	5	PA
<i>ibandronate oral tablet 150 mg</i>	1	QL
<i>raloxifene oral tablet 60 mg</i>	0	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA; QL
OLUMIANT ORAL TABLET 4 MG	5	PA
OTEZLA ORAL TABLET 30 MG	4	PA; QL
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	4	PA; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	0	
FC2 FEMALE CONDOM	0	OTC; QL
FEMCAP VAGINAL DEVICE 22 MM	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	5	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	5	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG	0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	5	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	QL
ESTROGENS & PROGESTINS		

Drug Name	Drug Tier	Requirements / Limits
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	QL
<i>camila oral tablet 0.35 mg</i>	0	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	5	
<i>deblitane oral tablet 0.35 mg</i>	0	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	QL
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>eemthys oral tablet 0.625-1.25 mg</i>	1	
<i>eemth oral tablet 1.25-2.5 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	0	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	0	
<i>hydroxyprogesterone(pf)(p reg presv) intramuscular oil 250 mg/ml (1 ml)</i>	5	PA
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	5	PA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	
<i>incassia oral tablet 0.35 mg</i>	0	
<i>jencycla oral tablet 0.35 mg</i>	0	
<i>lyleq oral tablet 0.35 mg</i>	0	
<i>lyza oral tablet 0.35 mg</i>	0	
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	5	PA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	0	QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	0	QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	0	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>progesterone intramuscular oil 50 mg/ml</i>	5	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	0	
<i>tulana oral tablet 0.35 mg</i>	0	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	2	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	0	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	ST
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL
<i>mifepristone oral tablet 200 mg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	0	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	0	
OSPHENA ORAL TABLET 60 MG	3	PA
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	0	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	0	
<i>after pill oral tablet 1.5 mg</i>	0	OTC; QL
AFTERA ORAL TABLET 1.5 MG	0	OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg- mcg</i>	0	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	0	QL

Drug Name	Drug Tier	Requirements / Limits
<i>apri oral tablet 0.15- 0.03 mg</i>	0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	0	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg- mcg</i>	0	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	0	
<i>ayuna oral tablet 0.15-0.03 mg</i>	0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	0	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	0	ST
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	QL
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	0	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	0	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	0	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>cyred eq oral tablet 0.15-0.03 mg</i>	0	
<i>cyred oral tablet 0.15-0.03 mg</i>	0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	0	QL
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	0	
<i>econtra ez oral tablet 1.5 mg</i>	0	OTC; QL
<i>econtra one-step oral tablet 1.5 mg</i>	0	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>elinest oral tablet 0.3-30 mg-mcg</i>	0	
ELLA ORAL TABLET 30 MG	0	QL
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	0	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	0	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	0	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	0	
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	0	QL
<i>isibloom oral tablet 0.15-0.03 mg</i>	0	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	0	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	0	QL
<i>juleber oral tablet 0.15-0.03 mg</i>	0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>kalliga oral tablet 0.15-0.03 mg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	0	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; QL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	0	QL
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	QL
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	0	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>lojaimiess oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	QL
<i>loryna (28) oral tablet 3-0.02 mg</i>	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	0	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	0	
<i>luteria (28) oral tablet 0.1-20 mg-mcg</i>	0	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)</i>	0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>mili oral tablet 0.25-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	0	
<i>my choice oral tablet 1.5 mg</i>	0	OTC; QL
<i>my way oral tablet 1.5 mg</i>	0	OTC; QL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
<i>new day oral tablet 1.5 mg</i>	0	OTC; QL
<i>nikki (28) oral tablet 3-0.02 mg</i>	0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	0	
<i>ocella oral tablet 3-0.03 mg</i>	0	
<i>opcicon one-step oral tablet 1.5 mg</i>	0	OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	0	OTC; QL
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	0	OTC; QL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	0	
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/0.15 mg-25 mcg</i>	0	
<i>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	0	QL
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	QL
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	0	
<i>syeda oral tablet 3-0.03 mg</i>	0	
TAKE ACTION ORAL TABLET 1.5 MG	0	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	0	ST
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	0	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	0	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	0	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	0	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	0	
<i>velivet triphasic regimen (28) oral tablet 0.1/125/.15-25 mg-mcg</i>	0	
<i>vestura (28) oral tablet 3-0.02 mg</i>	0	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	0	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	0	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	0	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	0	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	0	
<i>zarah oral tablet 3-0.03 mg</i>	0	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	0	
OXYTOCICS		
<i>methergine oral tablet 0.2 mg</i>	1	ST; QL
<i>methylergonovine oral tablet 0.2 mg</i>	1	ST; QL
<i>oxytocin injection solution 10 unit/ml</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	QL
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	QL
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE (PF) OPTHALMIC (EYE) DROPPERETTE 0.25 %	2	
TIMOPTIC OCUDOSE (PF) OPTHALMIC (EYE) DROPPERETTE 0.5 %	3	
CHOLINESTERASE INHIBITOR MIOTICS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	4	PA
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	3	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	PA
<i>bimatoprost base of the eyelashes drops with applicator 0.03 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	5	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	5	PA
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML	5	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML	5	PA
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	5	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	5	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; QL
ZERVATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	PA
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	QL
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	PA
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	ST
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	PA
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	PA
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	PA
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
PRED-G S.O.P. OPTHALMIC (EYE) OINTMENT 0.3-0.6 %	2	PA
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	5	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	5	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG	5	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG	5	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	PA
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE 1 %	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	ST; QL
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	QL
<i>benzonatate oral capsule 150 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	2	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaitussin ac oral liquid 10-100 mg/5 ml</i>	1	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	3	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	PA; QL
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	QL
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	QL
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>aller-flo nasal spray,suspension 50 mcg/actuation</i>	1	OTC; QL
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION , 80 MCG/ACTUATION	3	QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	ST; QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	PA; QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
<i>budesonide nasal spray, non-aerosol 32 mcg/actuation</i>	1	OTC; QL
BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	PA; QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	QL
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	ST; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	2	
ESBRIET ORAL CAPSULE 267 MG	5	PA; QL
ESBRIET ORAL TABLET 267 MG	5	PA; QL
ESBRIET ORAL TABLET 801 MG	5	PA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	ST; QL
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	ST; QL
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	5	PA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL
KALYDECO ORAL TABLET 150 MG	4	PA; QL
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	2	QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	ST; QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	QL
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL
<i>pirfenidone oral tablet 801 mg</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; QL
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	ST; QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	PA; QL
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	5	PA; QL
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	5	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	4	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; QL
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	PA; QL
<i>tadalafil (pulm.hypertension) oral tablet 20 mg</i>	5	PA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	PA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	3	PA; QL
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	1	OTC; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D)/150 MG (N)	4	PA; QL

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	5	PA; QL
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	ST
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	3	ST; QL
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	PA
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg</i>	1	QL
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution 500 mcg/ml</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	PA
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	1	OTC
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	1	OTC
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	1	OTC
ELMIRON ORAL CAPSULE 100 MG	2	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	OTC
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	OTC
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	1	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>varденаfil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL
<i>varденаfil oral tablet, disintegrating 10 mg</i>	1	QL
<i>virtrate-2 oral solution 500-334 mg/5 ml</i>	1	OTC
<i>virtrate-3 oral solution 550-500-334 mg/5 ml</i>	1	OTC
<i>virtrate-k oral solution 1,100-334 mg/5 ml</i>	1	OTC
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium 500 + d oral tablet, chewable 500 mg-10 mcg (400 unit)</i>	1	OTC
<i>calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	1	OTC
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con/eforal tablet, effervescent 25 meq</i>	1	
<i>k-phos-neutral oral tablet 250 mg</i>	1	OTC
OS-CAL 500 + D3 ORAL TABLET 500 MG-5 MCG (200 UNIT)	2	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>oyster shell + d3 oral tablet 250 mg-3.125 mcg (125 unit)</i>	1	OTC
<i>phospha 250 neutral oral tablet 250 mg</i>	1	OTC
<i>phosphorous oral tablet 250 mg</i>	1	OTC
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
VITAMINS & HEMATINICS		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	1	
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	0	OTC
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	1	
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	0	OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	OTC
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	0	OTC
<i>biotin oral tablet 1 mg</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit)</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)</i>	1	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit)</i>	1	OTC
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	0	OTC
<i>cod liver oil oral capsule</i>	1	OTC
<i>completenate oral tablet, chewable 29 mg iron- 1 mg</i>	1	OTC
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	1	OTC
<i>dialyvite 800 oral tablet 0.8 mg</i>	0	OTC
<i>dodex injection solution 1,000 mcg/ml</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	1	OTC
EXPECTA PRENATAL ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>ezfe 200 oral capsule 200 mg iron</i>	1	OTC
<i>fabb oral tablet 2.2-25-1 mg</i>	1	OTC
<i>ferocon oral capsule 110-0.5 mg</i>	1	OTC
<i>ferosul oral tablet 325 mg (65 mg iron)</i>	1	OTC
<i>ferretts oral tablet 325 mg (106 mg iron)</i>	1	OTC
<i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	OTC
<i>ferrex 150 forte plus oral capsule 150-60-25-1 mg-mg-mcg-mg</i>	1	OTC
<i>ferrex 150 plus oral capsule 150-50-50 mg</i>	1	OTC
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	1	OTC
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	1	OTC
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	1	OTC
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	1	OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	0	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	0	OTC
<i>folbee oral tablet 2.5-25-1 mg</i>	1	OTC
<i>folbic oral tablet 2.5-25-2 mg</i>	1	OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	OTC
<i>folitab oral tablet extended release 105 mg iron- 500 mg- 800 mcg</i>	0	OTC
<i>folivane-foral capsule 125-1-40-3 mg</i>	1	OTC
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	1	OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	0	OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	0	OTC
<i>hematinic/folic acid oral tablet 324 mg (106 mg iron)-1 mg</i>	1	OTC
<i>hematogen fa oral capsule 200-250-0.01-1 mg</i>	1	OTC
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>iron 100 plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>	1	OTC
<i>iron chews oral tablet, chewable 15 mg</i>	1	OTC
<i>kobee oral tablet 0.4 mg</i>	0	OTC
<i>kpn oral tablet</i>	0	OTC
KPN ORAL TABLET 9 MG IRON- 267 MCG	2	OTC
<i>ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	0	OTC
<i>multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg</i>	1	OTC
<i>multigen plus oral tablet 151-60-10-1 mg-mg-mcg-mg</i>	1	OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	0	OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	OTC
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 1 mg</i>	0	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	OTC
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	OTC
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	OTC
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	0	OTC
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	OTC
<i>prenatal + dha oral combo pack 28 mg iron- 975 mcg-200 mg</i>	1	OTC
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC
<i>prenatal 19 oral tablet, chewable 29 mg iron- 1 mg</i>	1	OTC
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	0	OTC
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	2	OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg</i>	0	OTC

Drug Name	Drug Tier	Requirements / Limits
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	2	OTC
<i>prenatal multivitamins oral tablet 28 mg iron-800 mcg</i>	0	OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	0	OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	OTC
<i>prenatal vit no. 179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	0	OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron-800 mcg</i>	0	OTC
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	0	OTC
<i>rena-vite oral tablet 0.8 mg</i>	0	OTC
<i>reno caps oral capsule 1 mg</i>	1	OTC
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON)	2	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	0	OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	0	OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	0	OTC
<i>super quints oral tablet 0.4 mg</i>	0	OTC
<i>tricon oral capsule 110-0.5 mg</i>	1	OTC
<i>trigels-fforte oral capsule 460-60-0.01-1 mg</i>	1	OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	0	OTC
<i>virt-gard oral tablet 2.2-25-1 mg</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	0	OTC
<i>vitamin d3 oral capsule 50 mcg (2,000 unit)</i>	1	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2,000 unit)</i>	1	OTC
<i>vitamin d3 oral tablet, chewable 25 mcg (1,000 unit)</i>	1	OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	0	OTC
<i>wescap-c dha oral capsule 35-1-200 mg</i>	1	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG	2	OTC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Index

A		
abacavir.....	3	
abacavir-lamivudine.....	4	
ABILIFY MAINTENA.....	40	
abiraterone.....	16	
ABRAXANE.....	16	
acamprosate.....	70	
acarbose.....	82	
ACCU-CHEK COMBO SYSTEM.....	76	
acebutolol.....	48	
acetaminophen-caff- dihydrocod.....	33	
acetaminophen-codeine.....	33	
acetazolamide.....	118	
acetazolamide sodium.....	118	
acetic acid.....	73	
acetylcysteine.....	122	
acitretin.....	60	
ACTEMRA.....	102	
ACTEMRA ACTPEN.....	102	
ACTHAR.....	74	
ACTHIB (PF).....	95	
acyclovir.....	4, 67	
acyclovir sodium.....	4	
ACZONE.....	63	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	95	
adapalene.....	63	
ADAPALENE.....	63	
adapalene-benzoyl peroxide.....	63	
ADCETRIS.....	16	
adefovir.....	4	
ADEMPAS.....	122	
ADMELOG SOLOSTAR U- 100 INSULIN.....	77	
ADMELOG U-100 INSULIN LISPRO.....	77	
adrenalin.....	120	
adrucil.....	16	
adult aspirin regimen.....	37	
ADVATE.....	54	
ADYNOVATE.....	54	
AFINITOR.....	16	
AFINITOR DISPERZ.....	16	
afimelle.....	107	
AFLURIA QD 2022-23(3YR UP)(PF).....	95	
AFLURIA QUAD 2022- 2023(6MO UP).....	95	
AFSTYLA.....	54	
after pill.....	107	
AFTERA.....	107	
AGONEAZE.....	64	
AIMOVIG AUTOINJECTOR	30	
ak-poly-bac.....	114	
ala-cort.....	67	
albendazole.....	9	
albuterol sulfate.....	122	
alclometasone.....	67	
ALDURAZYME.....	79	
alendronate.....	102	
alfuzosin.....	128	
ALIQOPA.....	16	
aller-flo.....	122	
allopurinol.....	101	
allopurinol sodium.....	101	
almotriptan malate.....	30	
ALOGLIPTIN.....	82	
ALOGLIPTIN-METFORMIN	82	
ALOGLIPTIN- PIOGLITAZONE.....	83	
ALOMIDE.....	116	
alophen (bisacodyl).....	86	
aloprim.....	101	
ALORA.....	105	
alosetron.....	86	
ALPHANATE.....	54	
ALPHANINE SD.....	54	
alprazolam.....	40	
ALPROLIX.....	54	
alprostadi.....	128	
ALTABAX.....	65	
altavera (28).....	107	
ALVESCO.....	122	
alyacen 1/35 (28).....	107	
alyacen 7/7/7 (28).....	107	
amantadine hcl.....	4	
ambrisentan.....	122	
amcinonide.....	67	
amethia.....	107	
amethyst (28).....	107	
amikacin.....	10	
amiloride.....	48	
amiloride-hydrochlorothiazide	48	
aminocaproic acid.....	54	
aminophylline.....	122	
amiodarone.....	47	
amitriptyline.....	40	
amitriptyline-chlordiazepoxide	40	
amlodipine.....	48	
amlodipine-atorvastatin.....	58	
amlodipine-benazepril.....	48	
amlodipine-olmesartan.....	48	
amlodipine-valsartan.....	48	
ammonium lactate.....	62	
amoxapine.....	40	
amoxicil-clarithromy-lansopraz	91	
amoxicillin.....	12, 13	
amoxicillin-pot clavulanate..	13	
amphetamine sulfate.....	40	
amphotericin b.....	3	
amphotericin b liposome.....	3	
ampicillin.....	13	
ampicillin sodium.....	13	
ampicillin-sulbactam.....	13	
anagrelide.....	70	
anastrozole.....	16	
ANODYNE LPT.....	64	
anti-diarrheal (loperamide)..	85	
apraclonidine.....	119	
aprepitant.....	86	
apri.....	107	
APRISO.....	86	
APRIZIO PAK.....	64	
APTIVUS.....	4	
ARALAST NP.....	70	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

aranelle (28).....	107	AVAR-E LS	63	BENZNIDAZOLE	10
ARCALYST	94	aviane.....	108	benzonatate.....	121
ARESTIN	73	avita.....	63	benzphetamine.....	70
argatroban in 0.9 % sod chlor	54	AVITA	63	benztropine.....	29, 30
ARIKAYCE.....	10	AVONEX.....	93	BEPREVE	116
aripiprazole.....	40	ayuna.....	108	beser.....	67
ARISTADA.....	41	azacitidine.....	17	BESER KIT	67
ARISTADA INITIO.....	40	AZASITE	114	BESIVANCE.....	114
armodafinil.....	41	azathioprine	17	BESPONSA.....	17
ARNUITY ELLIPTA.....	122	azathioprine sodium	17	betaine.....	86
ARRANON	16	azelastine.....	73, 116	betamethasone acet,sod phos	74
arsenic trioxide.....	17	azelastine-fluticasone	122	betamethasone dipropionate.	67
ARZERRA	17	azithromycin.....	9	betamethasone valerate.....	67
ascorbic acid (vitamin c)....	130	AZOPT	118	betamethasone, augmented ..	67
ashlyna	107	aztreonam	10	betaxolol.....	115
ASMANEX HFA.....	122	azurette (28).....	108	bethanechol chloride.....	128
aspirin.....	37	B		bexarotene	17
aspirin-dipyridamole	54	b complex 1 (with folic acid)	130	BEXSERO.....	95
aspir-trin.....	37	b complex 100.....	130	BEYAZ	108
atazanavir	4	b complex-vitamin c-folic acid	130	bicalutamide.....	17
atenolol.....	48	bacitracin.....	10, 114	BIKTARVY.....	4
atenolol-chlorthalidone.....	48	bacitracin-polymyxin b.....	114	bimatoprost.....	116, 118
atomoxetine	41	baclofen.....	32	BINAXNOW COVID AG CARD HOME TST	75
atorvastatin	58	balanced b-100.....	130	BINAXNOW COVID-19 AG SELF TEST	75
atovaquone.....	10	balsalazide.....	86	BIOTHRAX.....	95
atovaquone-proguanil.....	10	balziva (28).....	108	biotin.....	130
atracurium.....	32	BANZEL	26	bisacodyl.....	86
ATRIPLA	4	BAQSIMI	76	bisoprolol fumarate	48
atropine.....	85, 116	BARACLUDE.....	4	bisoprolol-hydrochlorothiazide	48
ATROVENT HFA	122	BASAGLAR KWIKPEN U- 100 INSULIN.....	77	bivalirudin	55
AUBAGIO.....	93	BAVENCIO.....	17	BIVIGAM	95
aubra.....	107	BAXDELA.....	14	bleomycin.....	17
aubra eq.....	107	bayer aspirin	37	BLINCYTO.....	17
aurovela 1.5/30 (21).....	108	bayer low dose aspirin.....	37	blisovi 24 fe.....	108
aurovela 1/20 (21).....	108	BCG VACCINE, LIVE (PF)	95	blisovi fe 1.5/30 (28).....	108
aurovela 24 fe	108	b-complex with vitamin c..	130	blisovi fe 1/20 (28).....	108
aurovela fe 1.5/30 (28).....	108	BD VERITOR AT-HOME COVID19 TST	75	BOOSTRIX TDAP	95
aurovela fe 1-20 (28).....	108	BELEODAQ.....	17	bortezomib.....	17
AURYXIA.....	86	benazepril.....	48	BORTEZOMIB	17
AUSTEDO	31	benazepril-hydrochlorothiazide	48	bosentan.....	122
AUTOSOFT 30.....	76	BENEFIX	55	BOTOX.....	95
AUTOSOFT 90.....	76	BENLYSTA	102	BREO ELLIPTA.....	122
AUTOSOFT XC INFUSION SET 23.....	76			bretylum tosylate.....	47
avar	63			briellyn.....	108
AVAR-E GREEN	63				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

BRILINTA	55	CAPCOF	121	cefuroxime sodium.....	8
brimonidine.....	119	capecitabine.....	17	celecoxib.....	37
brimonidine-timolol	118	CAPRELSA.....	17	CELLTRION DIATRUST	
BRINEURA.....	79	captropril.....	48	COV-19 HOME	75
bromfenac.....	117	captropril-hydrochlorothiazide		CELONTIN	27
bromocriptine.....	30	.....	48	cephalexin.....	8
brompheniramine-pseudoeph-		CARBAGLU	70	CEPROTIN (BLUE BAR)...	55
dm	121	carbamazepine	26	CEPROTIN (GREEN BAR)55	
BRONCHITOL.....	123	CARBATROL	26	CERDELGA.....	79
budesonide.....	86, 123	carbidopa.....	30	CEREZYME.....	79
BUDESONIDE-		carbidopa-levodopa.....	30	cetirizine.....	120
FORMOTEROL.....	123	carbidopa-levodopa-		CETRAXAL.....	73
bumetanide	48	entacapone	30	CETROTIDE	79
buprenorphine.....	33	carbinoxamine maleate.....	120	cevimeline	70
buprenorphine hcl	33	carboplatin.....	17	CHANTIX.....	72
buprenorphine-naloxone.....	37	CARDIZEM LA	49	CHANTIX CONTINUING	
bupropion hcl.....	41	CARESTART COVID-19 AG		MONTH BOX.....	72
bupropion hcl (smoking deter)		HOME TST	75	CHANTIX STARTING	
.....	72	carglumic acid.....	70	MONTH BOX.....	72
buspirone	41	carisoprodol.....	32	charlotte 24 fe.....	108
busulfan.....	17	carisoprodol-aspirin-codeine	32	chateal (28).....	108
butalbital-acetaminop-caf-cod		carmustine	17	chateal eq (28).....	108
.....	33	carteolol.....	115	CHEMET	70
butalbital-acetaminophen-caff		cartia xt.....	49	children's aspirin	37
.....	33	carvedilol.....	49	chloramphenicol sod succinate	
butalbital-aspirin-caffeine....	33	caspofungin.....	3	.....	10
butorphanol.....	37	CAYA CONTOURED.....	104	chlordiazepoxide hcl.....	41
C		CAYSTON	10	chlordiazepoxide-clidinium .85	
cabergoline	79	caziant (28).....	108	chlorhexidine gluconate.....	73
calcipotriene.....	60, 61	cefadroxil.....	7	chloroquine phosphate.....	10
calcipotriene-betamethasone	61	cefazolin	7	chlorothiazide sodium	49
calcitonin (salmon).....	79	cefazolin in 0.9% sod chloride	7	chlorpromazine	41
calcitriol.....	61, 79	cefazolin in dextrose (iso-os).	7	chlorthalidone.....	49
calcium 500 + d.....	129	cefazolin in dextrose 5 %.....	7	chlorzoxazone.....	32
calcium acetate(phosphat bind)		cefdinir	8	CHOLBAM.....	86
.....	86	cefepime	8	cholecalciferol (vitamin d3)	
calcium carbonate-vitamin d3		cefepime in dextrose,iso-osm.	8	.....	130, 131
.....	129	cefotaxime.....	8	cholestyramine (with sugar).58	
calcium citrate-vitamin d3 .	129	cefotetan	8	cholestyramine light	59
calcium gluconate in 0.9% nacl		cefoxitin.....	8	ciclodan.....	66
.....	129	cefoxitin in dextrose, iso-osm	8	CICLODAN KIT	66
camila.....	105	cefprozil.....	8	ciclopirox.....	66
camrese.....	108	ceftazidime	8	ciclopirox-ure-camph-menth-	
camrese lo.....	108	CEFTAZIDIME IN D5W.....	8	euc.....	66
candesartan.....	48	ceftriaxone.....	8	cidofovir.....	4
candesartan-hydrochlorothiazid		ceftriaxone in dextrose,iso-os.	8	cilostazol.....	55
.....	48	cefuroxime axetil.....	8	cimetidine.....	91

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

cimetidine hcl.....91	clonazepam.....27	cyanocobalamin (vitamin b-12) 131
CIMZIA.....87	clonidine.....49	cyclobenzaprine .....32
CIMZIA POWDER FOR RECONST .....87	clonidine hcl..... 41, 49	cyclopentolate..... 116
cinacalcet.....80	clopidogrel.....55	cyclophosphamide..... 18
CINRYZE.....123	clorazepate dipotassium.....41	CYCLOSERINE .....10
CIPRO HC.....74	clotrimazole..... 3, 66	CYCLOSET .....83
ciprofloxacin.....14	clotrimazole-betamethasone.66	cyclosporine..... 18, 116
ciprofloxacin hcl ... 14, 73, 114	clozapine.....41	cyclosporine modified..... 18
ciprofloxacin in 5 % dextrose.....14	COAGADEX.....55	CYCLOTENS REFILL .....32
ciprofloxacin-dexamethasone.....74	COARTEM.....10	CYCLOTENS STARTER ...32
CIPROFLOXACIN- FLUOCINOLONE .....74	cod liver oil.....131	cyproheptadine.....120
cisatracurium .....32	codeine sulfate .....33	CYRAMZA .....18
cisplatin.....17	codeine-guaifenesin.....121	cyred.....108
citapram.....41	colchicine .....101	cyred eq.....108
citrate of magnesia .....87	colesevelam .....59	CYSTADANE.....87
citroma .....87	colestipol .....59	CYSTAGON .....128
cladribine.....17	colistin (colistimethate na)...10	CYSTARAN.....116
clarithromycin.....9	COMBIGAN .....118	cytarabine .....18
classic prenatal.....131	COMBIPATCH .....105	cytarabine (pf).....18
clearlax.....87	COMBIVENT RESPIMAT123	cytra-2 .....128
clemastine.....120	COMETRIQ .....17	cytra-3 .....128
CLENPIQ .....87	COMIRNATY TRIS VACCINE(PF).....95	cytra-k .....128
CLEOCIN.....106	COMPLERA .....4	D
clindacin etz.....63	completenate.....131	dacarbazine.....18
clindamycin hcl.....10	CORDRAN.....68	DACOGEN.....18
clindamycin in 5 % dextrose10	CORIFACT .....55	dactinomycin .....18
clindamycin pediatric .....10	CORTIFOAM.....87	dalfampridine.....31
clindamycin phosphate. 10, 63, 106	CORTROPHIN GEL.....74	danazol .....80
clindamycin-benzoyl peroxide.....63	COSENTYX.....61	dantrolene.....32
clindamycin-tretinoin .....63	COSENTYX (2 SYRINGES) .....61	dapsone..... 10, 63
CLINITEST COVID-19 HOME TEST .....75	COSENTYX PEN.....61	DAPTACEL (DTAP PEDIATRIC) (PF).....96
clobazam.....27	COSENTYX PEN (2 PENS)61	daptomycin.....10
clobetasol.....67	cosyntropin .....74	darifenacin .....127
clobetasol-emollient .....67	covaryx.....105	DARZALEX.....18
clodan.....68	covaryx h.s.....105	dasetta 1/35 (28).....108
CLODAN KIT.....68	COVID-19 AT-HOME TEST.....76	dasetta 7/7/7 (28).....108
clofarabine .....17	CREON .....87	daunorubicin.....18
clomid .....80	CRINONE .....105	daysee.....108
clomiphene citrate.....80	cromolyn..... 87, 116, 123	DAYTRANA.....41
clomipramine.....41	cryselle (28).....108	DAYVIGO .....41
	CRYSVITA .....80	deblitane.....105
	curity sterile water.....70	decara.....131
	CUVITRU .....96	decitabine .....18
	CUVPOSA .....85	deferasirox .....70
		DELSTRIGO .....4

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

demeclocycline.....14	dicyclomine.....85	drospirenone-e.estradiol-lm.fa
DENAVIR.....67	diethylpropion.....70	109
denta 5000 plus.....73	DIFICID.....9	drospirenone-ethinyl estradiol
DEPO-SUBQ PROVERA 104	diflorasone.....68	109
.....105	diflunisal.....38	DUAVEE.....105
dermacinrx prizopak.....64	digitek.....53	dulcolax (magnesium
DESCOVY.....4	digox.....53	hydroxide).....87
desipramine.....41	digoxin.....53	DULERA.....123
desloratadine.....120	dihydroergotamine.....30	duloxetine.....42
desmopressin.....80	DILANTIN.....27	DUOPA.....30
desog-e.estradiol/e.estradiol	DILANTIN EXTENDED...27	DUPIXENT PEN.....62
.....109	DILANTIN INFATABS.....27	DUPIXENT SYRINGE.....62
desogestrel-ethinyl estradiol	DILANTIN-125.....27	duramorph (pf).....33
.....109	diltiazem.....49	dutasteride.....128
desonide.....68	dilt-xr.....49	dutasteride-tamsulosin.....128
desoximetasone.....68	dimenhydrinate.....87	DYMISTA.....123
DESVENLAFAXINE.....41	dimethyl fumarate.....93	DYSPORT.....96
desvenlafaxine succinate.....42	DIPENTUM.....87	E
dexamethasone.....74	diphenhydramine hcl.....120	e.e.s. 400.....9
dexamethasone intensol.....74	diphenoxylate-atropine.....85	EASY TALK PLUS II LOW
dexamethasone sodium phos	dipyridamole.....55	CONTROL.....77
(pf).....74	disopyramide phosphate.....47	econazole.....66
dexamethasone sodium	disulfiram.....70	econtra ez.....109
phosphate.....74, 119	divalproex.....27	econtra one-step.....109
dexchlorpheniramine maleate	DOCEFREZ.....18	ecotrin.....38
.....120	docetaxel.....18	ecotrin low strength.....38
DEXCOM G6 RECEIVER..76	dodex.....131	ed-spaz.....85
DEXCOM G6 SENSOR.....76	dofetilide.....47	eemt.....105
DEXCOM G6	dolishale.....109	eemt hs.....105
TRANSMITTER.....76	donepezil.....31	efavirenz.....4
DEXILANT.....91	dorzolamide.....118	efavirenz-lamivu-tenofovir disop
DEXLANSOPRAZOLE.....91	dorzolamide-timolol.....118	4
dexmethylphenidate.....42	dorzolamide-timolol (pf)...118	effer-k.....129
dexrazoxane hcl.....16	dotti.....105	ELAPRASE.....80
dextroamphetamine sulfate..42	DOVATO.....4	eletriptan.....30
dextroamphetamine-	doxazosin.....49	ELIGARD.....19
amphetamine.....42	doxepin.....42, 62	ELIGARD (3 MONTH).....19
dialyvite 800.....131	doxercalciferol.....80	ELIGARD (4 MONTH).....19
diazepam.....27, 42	doxorubicin.....18	ELIGARD (6 MONTH).....19
diclofenac potassium.....37	doxorubicin, peg-liposomal.18	elinest.....109
DICLOFENAC POTASSIUM	doxy-100.....14	ELIQUIS.....55
.....37	doxycycline hyclate.....15	ELIQUIS DVT-PE TREAT
diclofenac sodium..37, 38, 62,	doxycycline monohydrate...15	30D START.....55
117	doxylamine-pyridoxine (vit b6)	ELIXOPHYLLIN.....123
diclofenac-misoprostol.....38	87	ELLA.....109
dicloxacillin.....13	dronabinol.....87	ELLUME COVID-19 HOME
DICLOZOR.....38	droperidol.....87	TEST.....76

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ELMIRON.....	128	ergotamine-caffeine.....	31	EVEKEO ODT.....	42
ELOCTATE.....	55	ERIVEDGE.....	19	everolimus	
eluryng.....	106	ERLEADA.....	19	(immunosuppressive).....	19
EMCYT.....	19	erlotinib.....	19	EVOMELA.....	19
EMFLAZA.....	74	errin.....	105	EVOTAZ.....	5
EMGALITY PEN.....	31	ERTACZO.....	66	exemestane.....	19
EMGALITY SYRINGE.....	31	ertapenem.....	10	EXPECTA PRENATAL ..	131
EMPLICITI.....	19	ERWINASE.....	19	EXTAVIA.....	93
EMSAM.....	42	ery pads.....	63	EYLEA.....	116, 117
emtricitabine.....	4	ery-tab.....	9	ezetimibe.....	59
emtricitabine-tenofovir (tdf) ..	4	ERY-TAB.....	9	ezetimibe-simvastatin.....	59
EMTRIVA.....	4	erythrocine (as stearate).....	9	ezfe 200.....	131
EMVERM.....	10	erythromycin.....	9, 115	F	
enalapril maleate.....	49	erythromycin ethylsuccinate ..	9	fabb.....	131
enalaprilat.....	49	erythromycin lactobionate.....	9	FABRAZYME.....	80
enalapril-hydrochlorothiazide		erythromycin with ethanol...63		falmina (28).....	109
.....	49	erythromycin-benzoyl peroxide		famciclovir.....	5
ENBREL.....	102	.....	63	famotidine.....	92
ENBREL MINI.....	102	ESBRIET.....	123	famotidine (pf).....	92
ENBREL SURECLICK.....	102	escitalopram oxalate.....	42	famotidine (pf)-nacl (iso-os)92	
ENDARI.....	70	ESGIC.....	34	FANAPT.....	43
endocet.....	33	esmolol.....	50	FASENRA.....	123
ENERGIX-B (PF).....	96	esmolol in nacl (iso-osm)....	50	FASENRA PEN.....	123
ENERGIX-B PEDIATRIC		esomeprazole magnesium...91		FC2 FEMALE CONDOM.104	
(PF).....	96	esomeprazole sodium.....	91	febuxostat.....	101
enoxaparin.....	55	ESPEROCT.....	55	FEIBA NF.....	56
enpresse.....	109	estarylla.....	109	felbamate.....	27
enskyce.....	109	estazolam.....	42	felodipine.....	50
entacapone.....	30	estradiol.....	105	FEMCAP.....	104
entecavir.....	5	estradiol-norethindrone acet		femynor.....	109
ENTRESTO.....	60	.....	105	fenofibrate.....	59
ENTYVIO.....	87	estrogens-methyltestosterone		fenofibrate micronized.....	59
enulose.....	87	.....	105	FENOFIBRATE	
EPANED.....	49	eszopiclone.....	42	MICRONIZED.....	59
epinastine.....	116	ethacrynate sodium.....	50	fenofibrate nanocrystallized.59	
epinephrine.....	120	ethambutol.....	10	fenopropfen.....	38
EPINEPHRINE.....	120	ethosuximide.....	27	fentanyl.....	34
epirubicin.....	19	ethynodiol diac-eth estradiol		fentanyl citrate (pf).....	34
epitol.....	27	.....	109	fentanyl citrate (pf)-0.9%nacl	
EPIVIR HBV.....	5	etodolac.....	38	.....	34
eplerenone.....	49	etonogestrel-ethinyl estradiol		ferocon.....	131
epoprostenol.....	50	.....	106	ferosul.....	131
epoprostenol (glycine).....	50	etoposide.....	19	ferretts.....	131
EPSOLAY.....	63	EUCRISA.....	62	ferrex 150 forte.....	131
ERBITUX.....	19	EULEXIN.....	19	ferrex 150 forte plus.....	131
ergocalciferol (vitamin d2) 131		EURAX.....	69	ferrex 150 plus.....	131
ergoloid.....	42	euthyrox.....	84	ferrous gluconate.....	131

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ferrous sulfate.....131	fluoride (sodium). 73, 131, 132	FREESTYLE LIBRE 14 DAY
FIASP FLEXTOUCH U-100	fluorometholone.....119	READER.....77
INSULIN.....78	fluorouracil.....19, 62	FREESTYLE LIBRE 14 DAY
FIASP U-100 INSULIN.....78	fluoxetine.....43	SENSOR.....77
FIBRYGA.....56	fluphenazine decanoate.....43	FREESTYLE LIBRE 2
finasteride.....71, 128	fluphenazine hcl.....43	READER.....77
finzala.....109	flurandrenolide.....68	FREESTYLE LIBRE 2
FIRMAGON KIT W	flurazepam.....43	SENSOR.....77
DILUENT SYRINGE.....19	flurbiprofen.....38	FREESTYLE LIBRE 3
FIRVANQ.....15	flurbiprofen sodium.....117	SENSOR.....77
flavoxate.....127	flutamide.....20	frovatriptan.....31
FLEBOGAMMA DIF.....96	FLUTICASONE FUROATE-	full spectrum b-vitamin c...132
flecainide.....47	VILANTEROL.....124	fulvestrant.....20
FLOLAN.....50	fluticasone propionate . 68, 124	furosemide.....50
FLOVENT DISKUS.....123	FLUTICASONE	fyavolv.....105
FLOVENT HFA.....124	PROPIONATE.....124	FYCOMPA.....27
FLOWFLEX COVID-19 AG	fluticasone propion-salmeterol	fyremadel.....80
HOME TEST.....76	124	G
floxuridine.....19	FLUTICASONE PROPION-	g tussin ac.....121
FLUAD QUAD 2022-23(65Y	SALMETEROL.....124	gabapentin.....27
UP)(PF).....96	fluvastatin.....59	GALAFOLD.....80
FLUARIX QUAD 2022-2023	fluvoxamine.....43	galantamine.....31
(PF).....96	FLUZONE HIGHDOSE	GAMASTAN.....97
FLUBLOK QUAD 2022-2023	QUAD 22-23 PF.....97	GAMASTAN S/D.....97
(PF).....96	FLUZONE QUAD 2022-2023	GAMIFANT.....20
FLUCELVAX QUAD 2022-	97	GAMMAGARD LIQUID...97
2023.....96	FLUZONE QUAD 2022-2023	GAMMAGARD S-D (IGA < 1
FLUCELVAX QUAD 2022-	(PF).....97	MCG/ML).....97
2023 (PF).....96	folbee.....132	GAMMAPLEX.....97
fluconazole.....3	folbic.....132	GAMMAPLEX (WITH
fluconazole in nacl (iso-osm).3	folic acid.....132	SORBITOL).....97
flucytosine.....3	folitab.....132	GAMUNEX-C.....97
fludarabine.....19	folivane-f.....132	ganciclovir sodium.....5
fludeoxyglucose f-18.....71	FOLOTYN.....20	ganirelix.....80
fludrocortisone.....74	folplex 2.2.....132	GARDASIL 9 (PF).....97
FLULAVAL QUAD 2022-	foltabs 800.....132	gatifloxacin.....115
2023 (PF).....96	fondaparinux.....56	gavilax.....87
flumazenil.....43	FORTEO.....102	gavilyte-c.....87
FLUMIST QUAD 2022-2023	fosamprenavir.....5	gavilyte-g.....88
.....97	fosaprepitant.....87	GAZYVA.....20
flunisolide.....124	foscarnet.....5	gemcitabine.....20
fluocinolone.....68	fosfomycin tromethamine....15	gemfibrozil.....59
fluocinolone acetone oil...74	fosinopril.....50	gemmily.....109
fluocinolone and shower cap68	fosinopril-hydrochlorothiazide	generlac.....88
fluocinonide.....68	50	engraf.....20
fluocinonide-e.....68	fosphenytoin.....27	gentak.....115
fluorescein-proparacaine...117	FRAGMIN.....56	gentamicin.....11, 65, 115

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

gentamicin in nacl (iso-osm) 11	halcinonide 68	HUMULIN N NPH U-100
GENTAMICIN IN NACL	halobetasol propionate..... 69	INSULIN 78
(ISO-OSM) 11	HALOBETASOL	HUMULIN R REGULAR U-
gentamicin sulfate (ped) (pf) 11	PROPIONATE..... 69	100 INSULN..... 78
gentamicin sulfate (pf)..... 11	haloperidol..... 43	HUMULIN R U-500 (CONC)
gentle laxative (bisacodyl)... 88	haloperidol decanoate..... 43	INSULIN 78
gentlelax 88	haloperidol lactate 43	HUMULIN R U-500 (CONC)
GENVOYA 5	HARVONI..... 5	KWIKPEN..... 78
GILENYA 93	HAVRIX (PF)..... 97	HYCANTIN..... 20
GILOTRIF..... 20	healthylax 88	HYCODAN (WITH
GLASSIA 71	heather..... 106	HOMATROPINE)..... 121
glatiramer 93	HEMANGEOL 50	hydralazine 50
glatopa..... 93	hematinic/folic acid..... 132	hydrochlorothiazide..... 50
glimepiride..... 83	hematogen fa..... 132	hydrocodone bitartrate..... 34
glipizide..... 83	HEMLIBRA 56	hydrocodone-acetaminophen 34
glipizide-metformin..... 83	HEMOFIL M HIGH..... 56	hydrocodone-chlorpheniramine
GLUCAGEN DIAGNOSTIC	HEMOFIL M LOW 56	 121
KIT..... 76	HEMOFIL M MID..... 56	hydrocodone-homatropine. 121
GLUCAGEN HYPOKIT..... 76	HEMOFIL M SUPER HIGH 56	hydrocodone-ibuprofen 34
GLUCAGON (HCL)	heparin (porcine)..... 56	hydrocortisone 69, 75, 88
EMERGENCY KIT..... 76	HEPLISA V-B (PF) 97	hydrocortisone acetate 88
glucagon emergency kit	HIBERIX (PF)..... 98	hydrocortisone butyrate..... 69
(human)..... 76	homatropaire..... 116	hydrocortisone butyr-emollient
GLUCAGON HCL 76	HUMATE-P..... 56	 69
glyburide..... 83	HUMATIN 11	hydrocortisone valerate..... 69
glyburide micronized..... 83	HUMIRA..... 103	hydrocortisone-acetic acid... 74
glyburide-metformin 83	HUMIRA PEN..... 103	hydromet..... 121
glycopyrrolate..... 85	HUMIRA PEN CROHNS-UC-	hydromorphone..... 34, 35
glycopyrrolate (pf) 85	HS START..... 103	hydromorphone (pf) 34
glycopyrrolate (pf) in water. 85	HUMIRA PEN PSOR-	hydromorphone (pf)-0.9 %
GONAL-F 80	UVEITS-ADOL HS 103	nacl..... 34
GONAL-F RFF..... 80	HUMIRA(CF)..... 103	hydroxychloroquine 11
GONAL-F RFF REDI-JECT 80	HUMIRA(CF) PEDI	hydroxyprogesterone (pf) (preg presv)
granisetron (pf)..... 88	CROHNS STARTER ... 103	 106
granisetron hcl 88	HUMIRA(CF) PEN..... 103	hydroxyprogesterone
griseofulvin microsize..... 3	HUMIRA(CF) PEN	cap(ppres) 106
griseofulvin ultramicrosize 3	CROHNS-UC-HS 103	hydroxyprogesterone caproate
guaiaatussin ac..... 121	HUMIRA(CF) PEN	 106
guanfacine 43, 50	PEDIATRIC UC 103	hydroxyurea..... 20
GYNAZOLE-1 106	HUMIRA(CF) PEN PSOR-	hydroxyzine hcl..... 120
H	UV-ADOL HS 103	hydroxyzine pamoate 120
HAEGARDA..... 124	HUMULIN 70/30 U-100	hyoscyamine sulfate..... 85, 86
hailey..... 109	INSULIN 78	hyosyne 86
hailey 24 fe..... 109	HUMULIN 70/30 U-100	HYQVIA..... 98
hailey fe 1.5/30 (28) 109	KWIKPEN..... 78	I
hailey fe 1/20 (28)..... 109	HUMULIN N NPH INSULIN	ibandronate 102
HALAVEN..... 20	KWIKPEN..... 78	IBRANCE 20

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ibu.....38	INVEGA TRINZA.....44	K
IBUPAK.....38	INVIRASE .....5	KADCYLA.....21
ibuprofen .....38	IOPIDINE.....120	kaitlib fe .....110
ibuprofen-famotidine.....38	IPOL.....98	KALBITOR.....124
icatibant.....124	ipratropium bromide... 73, 124	KALETRA .....5
iclevia.....109	ipratropium-albuterol.....124	kalliga.....110
ID NOW COVID-19 TEST	irbesartan.....50	KALYDECO .....125
KIT.....76	irbesartan-hydrochlorothiazide	KANUMA.....80
idarubicin.....20	50	kariva (28).....110
IDELVION.....56	irinotecan.....21	kelnor 1/35 (28).....110
iferex 150 forte.....132	iron 100 plus.....132	kelnor 1-50 (28).....110
ifosfamide.....20	iron chews.....132	KEPIVANCE.....16
IHEALTH COVID-19 AG	ISENTRESS .....5	KESIMPTA PEN .....93
HOME TEST .....76	isibloom.....109	ketoconazole.....3, 66
ILARIS (PF) .....95	isoniazid .....11	ketoprofen.....38
ILUVIEN.....119	ISOPTO ATROPINE .....116	ketorolac.....38, 117
imatinib .....20	isosorbide dinitrate.....60	KEVEYIS.....31
IMBRUVICA .....20	isosorbide mononitrate .....60	KEVZARA.....103
IMCIVREE.....70	isotretinoin.....63	KEYTRUDA .....21
IMFINZI.....20	ISTODAX .....21	KINRIX (PF).....98
imipenem-cilastatin.....11	ISTURISA .....80	KISQALI FEMARA CO-
imipramine hcl.....43	ivermectin.....11	PACK .....21
imipramine pamoate.....43	IXEMPRA .....21	klor-con 10 .....129
imiquimod .....95	IXIARO (PF).....98	klor-con 8 .....129
IMLYGIC.....21	IXINITY.....57	klor-con m10.....129
IMOVAX RABIES VACCINE	J	klor-con m15.....129
(PF) .....98	jaimiess.....109	klor-con m20.....129
incassia.....106	JAKAFI.....21	klor-con/ef.....129
INCRELEX .....71	JANSSEN COVID-19	KOATE .....57
indapamide .....50	VACCINE (EUA) .....98	kobee.....132
INDICAID COVID-19 AG	jantoven.....57	KOGENATE FS .....57
HOME TEST .....76	JARDIANCE.....83	KOVALTRY .....57
indomethacin .....38	jasmiel (28).....109	k-phos-neutral.....129
INFANRIX (DTAP) (PF)....98	JELMYTO .....21	kpn.....132
INFLECTRA .....88	jencycla .....106	KPN .....132
INFLIXIMAB.....88	JEVTANA .....21	KRYSTEXXA .....102
INLYTA.....21	JIVI.....57	kurvelo (28).....110
INSULIN GLARGINE-YFGN	jolessa.....109	KUVAN .....81
.....78	juleber .....110	KYLEENA .....104
INSULIN LISPRO .....78	JULUCA .....5	KYMRIAH.....21
INSULIN LISPRO	junel 1.5/30 (21).....110	KYNMOBI.....30
PROTAMIN-LISPRO .....78	junel 1/20 (21).....110	KYPROLIS.....21
INTELENCE .....5	junel fe 1.5/30 (28).....110	L
INTELISWAB COVID-19	junel fe 1/20 (28).....110	l norgest/e.estradiol-e.estrad
HOME TEST .....76	junel fe 24.....110	110
INTRON A.....95	JUXTAPID.....59	labetalol.....50
INVEGA SUSTENNA.....43	JYNARQUE.....80	lacosamide.....27

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

lactulose.....	88	levonorg-eth estrad triphasic	lo-zumandimine (28).....	111
LAGEVRIO (EUA).....	5	.....	LUBIPROSTONE.....	88
lamivudine.....	5	levora-28.....	LUCENTIS.....	117
lamivudine-zidovudine.....	5	levorphanol tartrate.....	ludent fluoride.....	132
lamotrigine.....	27, 28	levothyroxine.....	LULICONAZOLE.....	66
LANOXIN.....	54	levoxyl.....	LUMIZYME.....	81
LANREOTIDE.....	21	LEXIVA.....	LUMOXITI.....	22
lansoprazole.....	92	LIBTAYO.....	LUPRON DEPOT.....	22
lanthanum.....	88	lidocaine.....	LUPRON DEPOT (3	
larin 1.5/30 (21).....	110	lidocaine (pf).....	MONTH).....	22
larin 1/20 (21).....	110	lidocaine hcl.....	LUPRON DEPOT (4	
larin 24 fe.....	110	lidocaine viscous.....	MONTH).....	22
larin fe 1.5/30 (28).....	110	lidocaine-epinephrine.....	LUPRON DEPOT (6	
larin fe 1/20 (28).....	110	lidocaine-prilocaine.....	MONTH).....	22
LASTACRAFT.....	117	lidopin.....	LUPRON DEPOT-PED.....	22
latanoprost.....	118	lidopril.....	LUPRON DEPOT-PED (3	
laxaclear.....	88	LIDOPRIL XR.....	MONTH).....	22
laxative (bisacodyl).....	88	LIDO-PRILO CAINE PACK	lutra (28).....	111
laxative peg 3350.....	88	.....	LUXTURNA.....	117
layolis fe.....	110	LILETTA.....	lyleq.....	106
LEDIPASVIR-SOFOSBUVIR		lincomycin.....	LYSODREN.....	22
.....	5	lindane.....	lyza.....	106
leena 28.....	110	linezolid.....	M	
leflunomide.....	103	linezolid in dextrose 5%.....	mafenide acetate.....	65
LEMTRADA.....	93	linezolid-0.9% sodium chloride	magnesium citrate.....	88
lenalidomide.....	93	.....	MAKENA (PF).....	106
LENVIMA.....	21	liothyronine.....	malathion.....	70
lessina.....	110	lisinopril.....	mannitol 20 %.....	51
letrozole.....	21	lisinopril-hydrochlorothiazide	maraviroc.....	5
leucovorin calcium.....	16	.....	marlissa (28).....	111
LEUKERAN.....	22	lithium carbonate.....	MATULANE.....	22
LEUKINE.....	92	LITHOBID.....	matzim la.....	51
leuprolide.....	22	LIVIXIL PAK.....	MAVENCLAD (10 TABLET	
LEVALBUTEROL		LO LOESTRIN FE.....	PACK).....	94
TARTRATE.....	125	lofena.....	MAVENCLAD (4 TABLET	
levetiracetam.....	28	lojaimiess.....	PACK).....	94
levetiracetam in nacl (iso-os)28		LONSURF.....	MAVENCLAD (5 TABLET	
levobunolol.....	115	loperamide.....	PACK).....	94
levocetirizine.....	120	lopinavir-ritonavir.....	MAVENCLAD (6 TABLET	
levofloxacin.....	14, 115	lorazepam.....	PACK).....	94
levofloxacin in d5w.....	14	loryna (28).....	MAVENCLAD (7 TABLET	
levoleucovorin calcium.....	16	losartan.....	PACK).....	94
levonest (28).....	110	losartan-hydrochlorothiazide	MAVENCLAD (8 TABLET	
levonorgestrel.....	110	loteprednol etabonate.....	PACK).....	94
levonorgestrel-ethinyl estrad		lovastatin.....	MAVENCLAD (9 TABLET	
.....	110, 111	low-ogestrel (28).....	PACK).....	94
		loxapine succinate.....	MAVYRET.....	6

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

maxi-tuss ac.....	121	methylprednisolone.....	75	mirtazapine.....	45
m-clear wc.....	121	methylprednisolone acetate..	75	misoprostol.....	92
meclizine.....	88	methyltestosterone.....	81	mitomycin.....	23
medroxyprogesterone.....	106	metoclopramide hcl.....	89	mitoxantrone.....	23
mefenamic acid.....	38	metolazone.....	51	M-M-R II (PF)	98
mefloquine.....	11	metoprolol succinate.....	51	modafinil	45
megestrol.....	22	metoprolol ta-hydrochlorothiaz	51	MODERNA COVID(6M-5Y)	
MEKINIST	22	.....	51	VACC(EUA).....	98
meloxicam.....	39	metoprolol tartrate.....	51	MODERNA COVID-19	
melphalan	22	metro i.v.	11	BOOSTER (EUA).....	98
melphalan hcl.....	22	metronidazole	11, 64, 107	MODERNA COVID-19	
memantine.....	31	metronidazole in nacl (iso-os)	11	VACCINE (EUA).....	98
MEMANTINE	32	.....	11	mometasone.....	69, 125
MENACTRA (PF)	98	metyrosine.....	51	mondoxylene nl.....	15
MENTAX.....	66	mibelas 24 fe.....	111	mono-lynyah.....	111
MENVEO A-C-Y-W-135-DIP		micafungin.....	3	MONOVISC.....	39
(PF)	98	microgestin 1.5/30 (21).....	111	montelukast.....	125
meperidine.....	35	microgestin 1/20 (21)	111	morphine.....	35, 36
meperidine (pf).....	35	microgestin fe 1.5/30 (28)..	111	morphine (pf).....	35
meprobamate	32	microgestin fe 1/20 (28)....	111	morphine (pf) in 0.9 % sod chl	
MEPSEVII.....	81	midazolam.....	45	.....	35
mercaptopurine	22	MIDAZOLAM.....	45	morphine concentrate	35
meropenem.....	11	midazolam (pf).....	45	morphine in 0.9 % sodium	
merzee.....	111	midazolam (pf) in 0.9 % nacl	44	chlor	35
mesalamine.....	88, 89	.....	44	MOVANTIK	89
mesalamine with cleansing		midodrine	71	MOVIPREP.....	89
wipe.....	89	mifepristone.....	107	moxifloxacin.....	14, 115
mesna	16	migergot	31	moxifloxacin-sod.chloride(iso)	
metaproterenol.....	125	miglitol	83	.....	14
metaxalone.....	32	miglustat.....	81	multigen.....	132
metformin.....	83	mili.....	111	multigen plus	132
METFORMIN	83	milk of magnesia.....	89	multi-vitamin with fluoride	132
methadone	35	milk of magnesia concentrated	89	multivitamins with fluoride	132
methamphetamine.....	44	.....	89	mupirocin	66
methazolamide.....	118	mimvey.....	106	mvc-fluoride	132
methergine.....	114	MINIMED 770G INSULIN		my choice	111
methimazole.....	75	PUMP.....	77	my way.....	111
methocarbamol.....	32	MINIMED MIO ADVANCE		MYALEPT	81
methotrexate sodium	22	INF SET23.....	77	mycophenolate mofetil	23
methscopolamine	86	MINIMED QUICK SET 43.77		mycophenolate mofetil (hcl)	23
methyl dopa.....	51	MINIMED SILHOUETTE 23		mycophenolate sodium.....	23
methyl dopate	51	.....	77	myferon 150 forte.....	133
methylergonovine.....	114	MINIMED SURE T 32.....	77	MYLERAN	23
methylphenidate.....	44	minocycline	15	MYLOTARG.....	23
methylphenidate hcl.....	44	minoxidil	51	MYOBLOC	99
METHYLPHENIDATE HCL		miralax	89	MYRBETRIQ.....	127
.....	44	MIRENA	104	MYTESI.....	86

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

N	NICORETTE.....72	NOVOLIN 70-30 FLEXPEN
nabumetone.....39	nicotine.....72	U-100.....79
nadolol.....51	nicotine (polacrilex).....72	NOVOLIN N FLEXPEN.....79
naftcillin.....13	NICOTROL.....72	np thyroid.....84
naftcillin in dextrose iso-osm13	NICOTROL NS.....72	NPLATE.....57
naftifine.....66	nifedipine.....51	NUCALA.....125
NAGLAZYME.....81	nikki (28).....111	NUCYNTA.....39
nalbuphine.....39	nilutamide.....23	NUCYNTA ER.....39
naloxone.....39	nitazoxanide.....11	NULEV.....86
naltrexone.....39	nitisinone.....71	NUPLAZID.....45
naproxen.....39	NITRO-DUR.....60	NUVARING.....107
naproxen sodium.....39	nitrofurantoin.....15	nyamyc.....66
naproxen-esomeprazole.....39	nitrofurantoin macrocrystal..15	nylia 1/35 (28).....112
naratriptan.....31	nitrofurantoin monohyd/m-	nylia 7/7/7 (28).....112
NARCAN.....39	cryst.....15	nymyo.....112
NATACYN.....115	nitroglycerin.....60	nystatin.....3, 66
nateglinide.....83	nitroglycerin in 5 % dextrose60	nystatin-triamcinolone.....66
NATPARA.....81	nitro-time.....60	nystop.....67
natura-lax.....89	NITYR.....71	O
NAYZILAM.....28	nizatidine.....92	OBIZUR.....57
necon 0.5/35 (28).....111	NOC DURNA (MEN).....81	OCALIVA.....89
nefazodone.....45	NOC DURNA (WOMEN)...81	ocella.....112
nelarabine.....23	nolix.....69	OCREVUS.....94
neomycin.....11	nora-be.....106	OCTAGAM.....99
neomycin-bacitracin-poly-hc	NORDITROPIN FLEXPROM93	octreotide acetate.....23
.....118	noreth-ethinyl estradiol-iron	ODEFSEY.....6
neomycin-bacitracin-	112	OFEV.....125
polymyxin.....115	norethindrone (contraceptive)	ofloxacin.....14, 74, 115
neomycin-polymyxin b-	106	olanzapine.....45
dexameth.....118	norethindrone acetate.....106	olanzapine-fluoxetine.....45
neomycin-polymyxin-	norethindrone ac-eth estradiol	olmesartan.....51
gramicidin.....115	106, 112	olmesartan-amlodipin-
neomycin-polymyxin-hc.....74,	norethindrone-e.estradiol-iron	hcthiiazid.....51
119	112	olmesartan-
neo-polycin.....115	norgestimate-ethinyl estradiol	hydrochlorothiazide.....51
neo-polycin hc.....119	112	olopatadine.....73, 117
NEORAL.....23	NORPACE CR.....47	OLUMIANT.....103
NEULASTA.....93	nortrel 0.5/35 (28).....112	omega-3 acid ethyl esters....59
NEUPRO.....30	nortrel 1/35 (21).....112	omeprazole.....92
NEVANAC.....118	nortrel 1/35 (28).....112	omeprazole magnesium.....92
nevirapine.....6	nortrel 7/7/7 (28).....112	omeprazole-sodium
new day.....111	nortriptyline.....45	bicarbonate.....92
NEXAVAR.....23	NORVIR.....6	OMNIPOD CLASSIC PDM
NEXPLANON.....107	NOVAVAX COVID-19	KIT(GEN 3).....77
niacin.....59	VACC,ADJ(EUA).....99	OMNIPOD CLASSIC PODS
NICODERM CQ.....72	NOVOEIGHT.....57	(GEN 3).....77
nicorette.....72		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

OMNIPOD DASH PODS (GEN 4).....77	oxybutynin chloride... 127, 128	pentoxifylline.....57
OMNITROPE.....93	oxycodone .....36	PERFOROMIST 125
ondansetron.....89	OXYCODONE.....36	periogard.....73
ondansetron hcl.....89	oxycodone-acetaminophen ..36	PERJETA .....24
ondansetron hcl (pf).....89	oxymorphone.....36	permethrin .....70
one daily prenatal.....133	oxytocin.....114	perphenazine.....45
ONETOUCH SOLUTIONS	oyster shell + d3.....130	perphenazine-amitriptyline ..45
STARTER .....77	OZURDEX.....119	perry prenatal.....133
ONETOUCH VERIO METER	P	PFIZER COVID-19 TRIS
.....77	pacerone .....47	VACCN(PF) .....99
ONETOUCH VERIO TEST	paclitaxel.....23	PFIZER COVID-19
STRIPS.....75	PACLITAXEL PROTEIN-	VACCINE (EUA) .....99
ON-GO COVID-19 AG AT	BOUND.....24	pfizerpen-g.....14
HOME TEST .....76	pain relief(with salicylamide)	phenazopyridine.....129
ONIVYDE.....23	39	phendimetrazine tartrate .....70
opcicon one-step .....112	paliperidone.....45	phenelzine.....45
OPDIVO.....23	palonosetron.....89	phenobarbital .....28
option-2.....112	PALYNZIQ .....81	phenohydro.....86
oral saline laxative.....89	pamidronate.....81	phenoxybenzamine.....52
ORALAIR.....99	pantoprazole.....92	phentermine.....70
oralone.....73	PANZYGA.....99	phentolamine .....52
ORENITRAM.....52	papaverine .....52	PHENYTEK .....28
ORFADIN .....71	PARAGARD T 380A.....104	phenytoin.....28
ORILISSA .....81	paraplatin.....24	phenytoin sodium.....28
ORKAMBI.....125	paroex oral rinse.....73	phenytoin sodium extended .28
orphenadrine citrate.....33	paromomycin.....11	philith.....112
OS-CAL 500 + D3 .....130	paroxetine hcl.....45	phospha 250 neutral .....130
oscimin.....86	PASER .....12	phosphasal .....128
oscimin sl.....86	PAXLOVID (EUA).....6	phosphate laxative.....90
oseltamivir.....6	PEDIARIX (PF).....99	PHOSPHOLINE IODIDE .116
OSENI.....83	PEDVAX HIB (PF).....99	phosphorous.....130
osmitrol 20 %.....52	peg 3350-electrolytes .....89	phytonadione (vitamin k1)...57
OSMOPREP .....89	peg3350-sod sul-nacl-kcl-asb-c	PIFELTRO .....6
OSPHENA.....107	89	pilocarpine hcl 71, 73, 116
OTEZLA .....103	PEGASYS .....94	PILOT COVID-19 AT-HOME
oxacillin.....13	peg-electrolyte soln.....89	TEST .....76
oxacillin in dextrose(iso-osm)	peg-prep.....90	pimecrolimus .....62
.....13	pemetrexed disodium .....24	pimozide.....45
oxaliplatin.....23	penicillamine .....103	pimtrea (28).....112
oxandrolone.....81	penicillin g potassium.....13	pioglitazone .....83
oxaprozin.....39	penicillin g procaine .....13	pioglitazone-glimepiride.....83
oxazepam.....45	penicillin g sodium.....13	pioglitazone-metformin .....83
oxcarbazepine.....28	penicillin v potassium.... 13, 14	piperacillin-tazobactam .....14
OXERVATE.....117	PENTACEL (PF) .....99	pirfenidone.....125
oxiconazole.....67	PENTACEL ACTHIB	pirmella .....112
OXTELLAR XR.....28	COMPONENT (PF) .....99	piroxicam.....39
	pentamidine .....12	PLAN B ONE-STEP .....112

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

PNEUMOVAX-23.....99	prenatal vit no.179-iron-folic.....133	propranolol-hydrochlorothiazid.....52
podofilox .....62	prenatal vitamin .....133	propylthiouracil.....75
polycin.....115	prenatal vitamin with minerals.....133	PROQUAD (PF).....100
polyethylene glycol 3350.....90	prenatal vits96-iron fum-folic.....133	protamine.....58
poly-iron 150 forte .....133	PRETOMANID .....12	protriptyline.....45
polymyxin b sulfate.....12	PREVACID 24HR.....92	PROVENGE.....100
polymyxin b sulf-trimethoprim.....115	PREVNAR 13 (PF).....99	prudoxin .....63
POMALYST.....94	PREVNAR 20 (PF).....100	PULMOZYME .....125
portia 28 .....112	PREZCOBIX .....6	purelax.....90
PORTRAZZA.....24	PREZISTA .....6	pyrazinamide .....12
posaconazole.....3	PRIOLOID.....65	pyridostigmine bromide.....33
potassium chloride .....130	PRIOLOX LITE PLUS .....65	pyrimethamine.....12
potassium citrate .....128	PRIOLOX ULTRALITE PLUS .....65	PYRUKYND.....71
potassium citrate-citric acid128	primidone .....29	Q
potassium iodide .....75	PRIORIX (PF) .....100	QNASL .....125
POTELIGEO .....24	PRIVIGEN .....100	QUADRACEL (PF).....100
powderlax.....90	probenecid.....102	QUAZEPAM.....46
pramipexole.....30	probenecid-colchicine.....102	quetiapine .....46
prasterone (dhea).....81	procainamide .....47	QUETIAPINE.....46
prasugrel.....57	prochlorperazine edisylate...90	QUICKVUE AT-HOME COVID-19 TEST .....76
pravastatin .....59	prochlorperazine maleate....90	QUILLICHEW ER.....46
praziquantel.....12	PROCRIT .....93	quinapril.....52
prazosin .....52	procto-med hc .....90	quinapril-hydrochlorothiazide.....52
PRED-G S.O.P.....119	procto-pak.....90	quinidine sulfate.....47
prednicarbate .....69	proctosol hc .....90	quinine sulfate.....12
prednisolone.....75	proctozone-hc .....90	quit 2.....72, 73
prednisolone acetate.....119	PROFILNINE .....57	quit 4.....73
prednisolone sodium phosphate.....75, 119	progesterone.....106	QVAR REDIHALER.....125
prednisone .....75	progesterone micronized...106	R
prednisone intensol.....75	PROLASTIN-C .....71	RABAVERT (PF) .....100
pregabalin.....28, 29	PROLEUKIN.....95	rabeprazole .....92
PREHEVBRIO (PF).....99	PROMACTA .....57	RADICAVA.....32
prenatal.....133	promethazine .....120, 121	raloxifene.....102
prenatal + dha .....133	promethazine-codeine.....121	ramelteon.....46
PRENATAL + DHA .....133	promethazine-dm .....121	ramipril.....52
prenatal 19.....133	promethazine-phenyleph- codeine .....121	ranolazine .....60
prenatal complete.....133	promethazine-phenylephrine.....121	rasagiline .....30
PRENATAL FORMULA..133	promethegan .....121	RAVICTI.....71
prenatal multi-dha (algal oil) .....133	propafenone.....47	REBIF (WITH ALBUMIN).94
PRENATAL MULTI- DHA(WITH VIT K).....133	proparacaine.....117	REBIF REBIDOSE .....94
prenatal multivitamins.....133	propranolol.....52	REBIF TITRATION PACK 94
prenatal one daily .....133		REBINYN .....58
		RECLAST .....71
		reclipsen (28).....112

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

RECOMBIVAX HB (PF)..100	ROTARIX.....100	SKYADERM-LP.....65
RECTIV.....90	ROTATEQ VACCINE.....100	SKYLA.....104
REDITREX (PF).....104	roweepra.....29	SKYRIZI.....61
refissa.....64	ROXYBOND.....36	SLOW RELEASE IRON...133
regonol.....33	RUCONEST.....125	smoothlax.....90
RELEXXII.....46	rufinamide.....29	sodium benzoate-sod
RELION NOVOLIN 70/30..79	RYBELSUS.....84	phenylacet.....71
RELION NOVOLIN N.....79	S	sodium chlor 0.9% bacteriostat
RELION NOVOLIN R.....79	SABRIL.....29	71
REMICADE.....90	sajazir.....125	sodium chloride.....71, 130
REMODULIN.....52	salicylic acid.....62	sodium chloride 0.45 %....130
rena-vite.....133	salicylic acid-ceramides no.162	sodium chloride 3 %
RENFLEXIS.....90	salimez.....62	hypertonic.....130
reno caps.....133	SAMSCA.....81	sodium chloride 5 %
repaglinide.....83	SANDIMMUNE.....24	hypertonic.....130
REPATHA PUSHTRONEX 59	SANDOSTATIN.....24	sodium citrate-citric acid...128
REPATHA SURECLICK...59	SANTYL.....69	sodium fluoride 5000 plus...73
REPATHA SYRINGE.....59	SAPHRIS.....46	sodium phenylbutyrate.....71
RESTASIS.....117	sapropterin.....81	sodium polystyrene sulfonate
RESTASIS MULTIDOSE.117	SAVELLA.....104	90
RETISERT.....119	scopolamine base.....90	SODIUM,POTASSIUM,MAG
REVATIO.....125	SECUADO.....46	SULFATES.....90
REVCovi.....71	SEGLUROMET.....84	SOFOSBUVIR-
REVLIMID.....94	selegiline hcl.....30	VELPATASVIR.....6
revonto.....33	selenium sulfide.....61	solifenacin.....128
RIASTAP.....58	SELZENTRY.....6	SOLIQUA 100/33.....79
ribavirin.....94	SEREVENT DISKUS.....126	SOLIRIS.....71
rifabutin.....12	sertraline.....46	SOMATULINE DEPOT.....24
rifampin.....12	setlakin.....113	sorafenib.....24
rimantadine.....6	sevelamer carbonate.....90	sotalol.....48
RINVOQ.....104	sevelamer hcl.....90	sotalol af.....48
risedronate.....71, 102	SEVENFACT.....58	SOVALDI.....6
RISPERDAL CONSTA.....46	sf 73	SPIKEVAX (PF).....100
risperidone.....46	sf 5000 plus.....73	spinosad.....70
ritonavir.....6	sharobel.....106	SPIRIVA RESPIMAT.....126
rivastigmine tartrate.....32	SHINGRIX (PF).....100	spironolactone.....52
rivelsa.....112	SILA III.....69	spironolacton-hydrochlorothiaz
RIXUBIS.....58	sildenafil.....128	52
rizatriptan.....31	sildenafil (pulm.hypertension)	sprintec (28).....113
ROBINUL.....86	126	SPRIX.....39
ROBINUL FORTE.....86	SILIQ.....61	sps (with sorbitol).....90
ROCKLATAN.....118	silodosin.....128	sronyx.....113
romidepsin.....24	silver sulfadiazine.....62	ssd.....62
ropinirole.....30	simliya (28).....113	SSKI.....75
rosadan.....64	simpesse.....113	sss 10-5.....64
ROSADAN.....64	simvastatin.....60	st joseph aspirin.....39
rosuvastatin.....59	sirolimus.....24	st. joseph aspirin.....39

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

STAMARIL (PF)	100	SYNJARDY XR.....	84	TESTOPEL.....	82
STEGLATRO	84	SYNRIBO	24	testosterone.....	82
STELARA	61	SYNTHROID	84	testosterone cypionate	82
STIOLTO RESPIMAT	126	T		testosterone enanthate.....	82
stop smoking aid	73	T		TETANUS,DIPHThERIA	
STRENSIQ	82	FLEX.....	77	TOX PED(PF).....	101
stress formula with iron	133	SLIM X2.....	77	tetrabenazine.....	32
stress formula with iron(sulf)		tacrolimus.....	24, 63	tetracycline	15
.....	133	tadalafil.....	128, 129	THALOMID.....	25
STRIBILD	6	tadalafil (pulm. hypertension)		THEO-24.....	126
STRIVERDI RESPIMAT ..	126	.....	126	theophylline	126
sucralfate	92	TAFINLAR	24	thioridazine.....	46
SULCONAZOLE.....	67	TAKE ACTION.....	113	thiotepa.....	25
sulfacetamide sodium.....	119	TAKHZYRO	126	thiothixene	46
sulfacetamide sodium (acne)66		TALTZ AUTOINJECTOR..	62	tiagabine.....	29
sulfacetamide sodium-sulfur 64		TALTZ AUTOINJECTOR (2		tigecycline	12
sulfacetamide sod-sulfur-urea		PACK).....	61	tilia fe.....	113
.....	64	TALTZ AUTOINJECTOR (3		timolol maleate	53, 115
sulfacetamide-prednisolone119		PACK).....	61	TIMOPTIC OCUDOSE (PF)	
sulfacleanse 8-4.....	64	TALTZ SYRINGE.....	62	.....	116
sulfadiazine.....	14	tamoxifen.....	24	tinidazole	12
sulfamethoxazole-trimethoprim		tamsulosin.....	128	TIVICAY	7
.....	14	tarina 24 fe.....	113	tizanidine.....	33
sulfasalazine.....	91	tarina fe 1/20 (28).....	113	tobramycin.....	12, 115
sulfatrim	14	tavaborole	67	tobramycin in 0.225 % nacl.12	
sulindac	39	taysofy.....	113	tobramycin in 0.9 % nacl.....	12
sumatriptan	31	TAYTULLA.....	113	tobramycin sulfate.....	12
sumatriptan succinate	31	tazicef.....	9	TOBRAMYCIN WITH	
sumatriptan-naproxen.....	31	taztia xt.....	52	NEBULIZER	12
sunitinib.....	24	TDVAX.....	100	tobramycin-dexamethasone119	
super b maxi complex.....	134	TECENTRIQ	25	TODAY CONTRACEPTIVE	
super quints.....	134	TEGRETOL.....	29	Sponge.....	107
SUPPRELIN LA	24	TEGRETOL XR	29	tolcapone	30
SUPREP BOWEL PREP KIT		telmisartan	52	tolterodine.....	128
.....	91	telmisartan-amlodipine	52	tolvaptan.....	82
SUTENT.....	24	telmisartan-hydrochlorothiazid		topiramate.....	29
syeda	113	.....	52	toposar.....	25
SYLVANT	24	temazepam.....	46	topotecan	25
symax-sr.....	86	temozolomide	25	toremifene.....	25
SYMBICORT	126	temsirolimus	25	TORISEL	25
SYMLINPEN 120.....	84	TENIVAC (PF).....	101	torsemide	53
SYMLINPEN 60.....	84	tenofovir disoproxil fumarate.6		tramadol.....	40
SYMPROIC.....	91	terazosin	53	TRAMADOL.....	39, 40
SYMITUZA.....	6	terbinafine hcl.....	3	tramadol-acetaminophen.....	40
SYNAGIS.....	6	terbutaline.....	126	trandolapril	53
SYNAREL.....	82	terconazole.....	107	tranexamic acid.....	58, 107
SYNJARDY	84	TERIPARATIDE	102	tranylcypromine	46

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

travoprost.....	118	tritocin.....	69	VANCOMYCIN IN 0.9 %	
trazodone.....	46	TRIUMEQ.....	7	SODIUM CHL.....	15
TRELEGY ELLIPTA.....	126	tri-vitamin with fluoride	134	VANCOMYCIN IN	
TREMFYA.....	62	trivora (28).....	114	DEXTROSE 5 %.....	15
treprostinil sodium.....	53	tri-vylibra.....	114	vandazole.....	107
TRESIBA FLEXTOUCH U-		tri-vylibra lo.....	114	VAQTA (PF).....	101
100.....	79	TROGARZO.....	7	vardenafil.....	129
TRESIBA FLEXTOUCH U-		tropicamide.....	116	varenicline.....	73
200.....	79	tropium.....	128	VARISOFT INFUSION SET	
TRESIBA U-100 INSULIN.....	79	TRULANCE.....	91	23.....	77
tretinoin.....	64	TRULICITY.....	84	VARIVAX (PF).....	101
tretinoin (antineoplastic).....	25	TRUMENBA.....	101	VAXNEUVANCE.....	101
tretinoin (emollient).....	64	TRUSTEEL INFUSION SET		VCF CONTRACEPTIVE	
TRETEN.....	58	23.....	77	FILM.....	107
TREXALL.....	25	TRUVADA.....	7	VCF CONTRACEPTIVE GEL	
tri femynor.....	113	tulana.....	106	.....	107
triamcinol ac (pf) in 0.9%nacl		TWINRIX (PF).....	101	VECTIBIX.....	25
.....	75	TYBOST.....	7	VELCADE.....	25
triamcinolone acetoneide.....	69, 73,	tydemy.....	114	veletri.....	53
75, 127		TYKERB.....	25	velivet triphasic regimen (28)	
triamterene-hydrochlorothiazid		TYPHIM VI.....	101	.....	114
.....	53	TYSABRI.....	32	VELPHORO.....	91
triazolam.....	46	TYVASO.....	127	venlafaxine.....	47
tricitrates.....	129	TYVASO REFILL KIT.....	127	VENNGEL ONE.....	40
tricon.....	134	TYVASO STARTER KIT.....	127	VENTAVIS.....	127
triderm.....	69	U		verapamil.....	53
trientine.....	71	ULESFIA.....	70	VERKAZIA.....	117
tri-estarylla.....	113	ULTOMIRIS.....	72	vestura (28).....	114
trifluoperazine.....	46	unithroid.....	85	VIBRAMYCIN.....	15
trifluridine.....	115	UNITUXIN.....	25	VIDAZA.....	25
trigels-f forte.....	134	UPTRAVI.....	53	VIEKIRA PAK.....	7
trihexyphenidyl.....	30	uretron d-s.....	129	vienva.....	114
TRIKAFTA.....	127	ursodiol.....	91	vigabatrin.....	29
tri-legest fe.....	113	ustell.....	129	vigadrone.....	29
tri-linyah.....	113	utira-c.....	129	VIIBRYD.....	47
tri-lo-estarylla.....	113	V		vilazodone.....	47
tri-lo-marzia.....	113	valacyclovir.....	7	VIMIZIM.....	82
tri-lo-mili.....	113	valproate sodium.....	29	VIMPAT.....	29
tri-lo-sprintec.....	113	valproic acid.....	29	vinblastine.....	25
trimethobenzamide.....	91	valproic acid (as sodium salt)		vincasar pfs.....	25
trimethoprim.....	15	.....	29	vincristine.....	25
tri-mili.....	113	valsartan.....	53	vinorelbine.....	26
trimipramine.....	47	valsartan-hydrochlorothiazide		VIOKACE.....	91
TRINTELLIX.....	47	.....	53	viorele (28).....	114
tri-nymyo.....	113	VALTOCO.....	29	VIRACEPT.....	7
TRIPTODUR.....	25	vanadom.....	33	VIREAD.....	7
tri-sprintec (28).....	113	vancomycin.....	15, 16	virt-gard.....	134

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

virtrate-2.....	129	women's laxative (bisacodyl)91	ZALTRAP	26
virtrate-3.....	129	WOMEN'S PRENATAL	zarah.....	114
virtrate-k.....	129	PLUS DHA.....	ZARXIO.....	93
virtussin ac.....	121	wymzya fe	zebatal.....	37
virtussin dac.....	121	X	ZELBORAF	26
VISTOGARD	16	XARELTO	ZEMAIRA.....	72
VISUDYNE.....	117	XARELTO DVT-PE TREAT	ZENZEDI.....	47
vitamin b complex-folic acid		30D START.....	ZEPATIER	7
.....	134	XELJANZ	ZEPOSIA	32
vitamin d3.....	134	XELJANZ XR.....	ZEPOSIA STARTER KIT...32	
vitamins a,c,d and fluoride.134		XEOMIN.....	ZEPOSIA STARTER PACK	
VIVITROL	40	XEPI.....	.....	32
VIVOTIF.....	101	XERMELO.....	ZERBAXA	9
volnea (28).....	114	XGEVA.....	ZERViate.....	117
VONVENDI.....	58	XHANCE	ZETONNA.....	127
voriconazole.....	3	XIFAXAN.....	ZEVALIN (Y-90).....	26
VOSEVI.....	7	XIIDRA.....	zileuton.....	127
VOTRIENT	26	XOFLUZA	ZIOPTAN (PF)	118
VPRIV.....	82	XOLAIR.....	ziprasidone hcl.....	47
VRAYLAR.....	47	XTAMPZA ER.....	ziprasidone mesylate	47
VUITY	116	XTANDI.....	ZIRGAN.....	115
VUMERITY	94	xulane.....	ZOLADEx.....	26
vyfemla (28).....	114	XULTOPHY 100/3.6	zoledronic acid.....	82
vylibra	114	XURIDEN.....	zoledronic acid-mannitol-water	
VYXEOS.....	26	Y	.....	72, 82
W		YERVOY	ZOLEDRONIC AC-	
WAKIX.....	47	YESCARTA	MANNITOL-0.9NACL...82	
warfarin.....	58	YF-VAX (PF).....	ZOLGENSMA.....	32
wera (28).....	114	YONDELIS.....	ZOLINZA.....	26
wescap-c dha.....	134	YONSA.....	zolmitriptan.....	31
WIDE-SEAL DIAPHRAGM		YUTIQ	zolpidem.....	47
.....	104	Z	zonisamide.....	29
WILATE.....	58	zafemy.....	zovia 1-35 (28).....	114
women's gentle laxative(bisac)		zafirlukast.....	zumandimine (28).....	114
.....	91	zaleplon.....	ZYLET	119

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

